PHYSICIAN OFFICE VISIT

Data Submission Manual

Version 4.0

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Bureau of Health Information and Policy
Division of Public Health
Department of Health and Family Services
State of Wisconsin

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Revision History

The text of the POV Data Submission Manual is reviewed periodically and updates are published. Errata and other changes may also be published between releases of the manual. This page allows data submitters to track the history of version releases and other published changes to the manual.

VERSION NUMBER	RELEASE DATE	EFFECTIVE DATE
1.0	October, 2001	January, 2002
1.0 revised	March, 2002	March, 2002
2.0	September, 2002	January, 2003
3.0	July, 2003	January, 2004
3.0 revised	October, 2003	January, 2004
4.0	September, 2005	July, 2005

What's New?

The POV Data Submission Manual has been revised in its text throughout, to provide clearer more uniform instruction for data submission. The following Sections and Appendices have been revised or added:

Section 6	The POV Web Interface takes advantage of role-based security technology.
Appendix D	Transaction type "D" no longer available for AFF records.
Appendices D, E	Official NPI numbers for AFF records (Physician ID) and for POV records (Referring Physician, Billing Physician, Performing Physician) are now accepted by the POV system.
Appendix E	List of valid Place of Service codes has expanded.
Appendix F	This Appendix describes the functions of the new POV Web Interface.
Appendix F	Online editing of AFF data and Bulk-editing feature for service records are now available.
Appendix F	Summary and Physician Data Profile Reports are produced at submitter's request.
Appendices F, Q	Electronic affirmation of physician-delegated service records is now available. Affirmation still occurs once per reporting period.
Appendix O	This Appendix explains the Web-based Affirmation Delegated Physician List.

Section 1. Introduction

The Physician Office Visit (POV) Data System collects information about the services provided by Wisconsin physicians in an outpatient office setting. This data submission manual provides specifications for the submission of POV data to the Department of Health and Family Services (DHFS), pursuant to the guidelines required by Chapter 153, Wisconsin Statutes, and HFS 120.14Wisconsin Administrative Code. Failure to comply with Wisconsin Statutes or Administrative Code, as referenced within this manual, can result in significant penalties and forfeitures.

1.1 Authority

Under the provisiions of Chapter 153, Wisconsin Statutes, and HFS 120, Wisconsin Administrative Code, DHFS is charged with the responsibility for the collection, analysis and dissemination of health care data. This statute mandates DHFS to expand its data collection efforts to include information reflecting health care services delivered in physician offices on an outpatient basis. DHFS has assigned the Bureau of Health Information and Policy (BHIP) the responsibility for administering the POV data collection program, with oversight from the Board on Health Care Information.

Chapter 153 provides comprehensive guidelines for POV data collection, information dissemination, report analysis, and confidentiality protection. HFS 120.14 provides details pertaining to the POV data collection program, such as data element lists, submission procedures, verification processes, adjustment methods, and waiver requirements. Links to Chapter 153 and HFS 120.14 are included in this manual (see Appendices A and B).

1.2 Overview of the POV Data System

Responsibilities for data submission. Under the statute and rules, primary responsibility for submitting POV data is assigned to physicians licensed by the State of Wisconsin, practicing in the state, and using electronic billing. A physician may *transfer responsibility* for editing and affirming the data to a third party "submitter/vendor" by signing an *affirmation delegation* addendum to a Trading Partner Agreement. A qualified submitter/vendor may be the physician's practice group, employer, or another organization. It is assumed that most physicians will choose to establish such an arrangement for data submission.

Beginning data submission. The Board on Health Care Information, established in Chapter 153, Wisconsin Statutes, authorized a staged implementation, starting with the largest practice groups. Data submission is not required of any physician until notified and informed by BHIP. Data collection is organized in quarterly "reporting periods."

Data being submitted. The core data to be submitted describe *services performed by physicians during an outpatient office visit*. The data are available from health care providers' existing service and charge-based data systems, which provide billing and practice management information. The primary data elements, set forth in HFS 120.14, include procedure codes, diagnoses, patient characteristics, charges, dates, practice site, and the identity of performing and referring providers, among other items. Additional elements are also required to allow for proper submission, storage, retrieval, and processing of data.

Data quality control. Under statute, BHIP may edit submitted records and may send general summary reports on the quality and content of the data back to the data submitters. The physician, or his/her designated submitter/vendor, shall be responsible for correcting the edited data and for submitting a statement affirming the final accuracy and completeness of the data. These responsibilities must be completed within a certain time period (see Table 1) to avoid potential forfeitures.

1.3 Data Submission Schedules

According to Chapter 153, Wisconsin Statutes, and HFS 120, Wisconsin Administrative Code, a physician or his/her qualified submitter/vendor must comply with certain deadlines for submitting and correcting data for each reporting period. Data submission must be completed within 30 calendar days of the end of the reporting period. Data correction must be completed within 60 calendar days of the end of the reporting period. Data affirmation must be completed within 75 calendar days of the end of the reporting period in order to avoid potential forfeitures.

During the initial implementation of POV data submission for a submitting organization, emphasis will be placed on timely record submission, and a cooperative and timely quality improvement process.

The POV data submission cycle includes:

- Maintaining physician affiliation records.
- Identifying data to be submitted within a reporting period.
- Completing submission of data for the reporting period.
- Completing data corrections as part of the quality improvement process.
- Downloading and reviewing data summary and data profile reports.
- Verifying accuracy of the physician list prior to affirmation.
- Affirming submitted data for the reporting period.

When selecting data about physician/patient encounters to include in the file submitted to BHIP, submitters should use the date the encounter is posted into their electronic charge-based data system, plus sixty (60) calendar days. The posting date may be different from the encounter date. For example, if a patient is seen by a physician on May 10, and the encounter data are posted on May 12, the encounter record would be included in the data submission for the third reporting period of the year. (May 12 + 60 calendar days is July 12. July 12 falls in the third reporting period.)

Data submitters must submit data files in the BHIP-specified format within 30 calendar days of the last day of each reporting period.

Table 1 Submission Cycle Timelines

Period	Reporting Period*	Data Submission Deadline	Data Corrections Completed	Data Affirmation Due
1	1/1 - 3/31	4/30	5/31	6/15
2	4/1 - 6/30	7/30	8/31	9/15
3	7/1 - 9/30	10/30	11/30	12/15
4	10/1 – 12/31	1/30	3/2	3/15

* Posting date plus 60 calendar days

1.4 Record Types

The POV data collection system uses three record types: 1) *Submitter Transaction* records; 2) *Physician Affiliation* records; and 3) *POV Service* records. The *Submitter Transaction* records identify the data submitter and include general submission information. The *POV Service* records contain the data about services performed by licensed physicians in outpatient settings in Wisconsin. The *Physician Affiliation* records describe each physician affiliated with a data submitting organization and also describe the physician's medical practice group.

1.5 Trading Partner Agreement

A Trading Partner Agreement (TPA) is defined in HFS 120.03 (34) as "a signed, formal agreement between a health care provider and a qualified submitter/vendor providing for the transfer of data under this chapter." Physicians who use the services of third-party data submitters, which may or may not be their affiliated medical practice group, must complete a TPA with that third party to formalize an understanding of roles and responsibilities for the data submission process. This process will be referred to throughout the POV Data Submission Manual as *data delegation*.

Although submitters are not required to send actual copies of TPAs to the Bureau, BHIP has the authority to audit these documents if compliance issues surface.

1.6 Affirmation Delegation

An affirmation delegation is defined as a signed and notarized formal agreement between a physician and his/her representative allowing the representative to attest to the completeness and accuracy of data submitted to BHIP. Affirmation delegation is executed either as an addendum to an existing TPA or as a separate contract. Physicians who use the services of a representative, which may or may not be their affiliated medical practice group, must complete an affirmation delegation with that third party to formalize an understanding of roles and responsibilities for the affirmation process. This process will be referred to throughout the POV Data Submission Manual as *affirmation delegation.*

1.7 Submitter Set-Up and Testing Process

New submitting organizations are required to submit data to an online test environment prior to submitting "real" data. This environment is also available for training new staff and testing programmatic changes.

The following overview may be used as a checklist for new submitters:

- Appoint a local POV Security Administrator.
- Acquire a POV Data Submitter ID (submitter ID) from BHIP.
- Acquire a Web Access Management System (WAMS) User ID.
- Request authorization to use the POV Web Interface.
- Install secure file transfer software (SFTP) supplied by BHIP.
- Submit test files for both *Physician Affiliation* data and *POV Service* data.
- Edit submitted test data using the POV Web Interface.
- Download and review test data summary and profile reports.
- Affirm the test data.

Following this testing process, the submitter follows the same steps to submit production data. BHIP staff will offer assistance to data submitters during the set-up and testing process. See Appendix F for detailed information on the POV Web Interface.

1.8 Contact Information

BHIP welcomes any suggestions to improve this system and the Data Submission Manual.

BHIP will make every effort to notify all data submitters and facility contacts of any updates to the POV Data Submission Manual, but data submitters should periodically check for new information online. For additional information, the latest revision, and updates to the data submission manual, visit the Web site at dhfs.wisconsin.gov/healthcareinfo/pov/dsm.htm

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Section 2. Submitter Transaction Record

2.1 Overview

The Submitter Transaction (ST) record, the first record in both the Physician Affiliation (AFF) and POV Service (POV) data files, contains general submission and data submitter information about the files sent to BHIP. Once a data file is received and processed into the POV system, an acknowledgement will be returned by email to the data submitter.

It is critical for data submitters to supply complete, accurate, and up-to-date information in the *ST* record. **Every file must begin with one *ST* record**.

2.2 Content

The fields in the *ST* record contain the submitter ID, name, file creation date, contact information, and year and period for which data is being submitted**. It is important to include the correct submitter ID number or the file will be rejected.**

BHIP will contact the person referenced in the Contact Person information fields in the *ST record* to: 1) provide transmittal reports of record submission; 2) identify fatal errors, if found; 3) provide edit reports; and 4) provide additional technical instruction, when necessary. The designated submitter contact has responsibilities both internally and externally with BHIP to follow up and distribute information within the submitting organization.

File information fields document the reporting year and period for a submitted file.

See Appendix C for detailed Submitter Transaction record specifications and edit descriptions for each field.

Section 3. Physician Affiliation Data

3.1 Overview

Physician Affiliation data contain basic information about physicians and their affiliation with a medical practice group and/or with a qualified submitter/vendor. It is critical that data submitters use these data to maintain an accurate registry of physicians' affiliations and related information. The editing burden can be substantially reduced by providing complete and accurate Physician Affiliation data, thereby improving the overall quality of POV data.

***Physician Affiliation* data must be submitted separately from *POV Service* data.**

> ***Note:*** *Physicians choosing to retain responsibility for submitting POV Service data, rather than use a qualified submitter/vendor, will use this record to submit address, identification numbers, and practice group affiliation, if any.*

3.2 Content

The fields in the data describe the physician's practice, name, identification numbers, mailing address, medical practice group information, dates of affiliation, and the dates on which the physician has delegated data and affirmation responsibilities to the data submitter.

Typically a physician is either an employee or a partner of the medical practice group. The practice group for a solo practice, self-employed physician is the business name or, if none, the physician's own name.

The physician name and identification fields document a physician's full name, licensing, and billing identification numbers. The physician's mailing address fields contain mailing information used to contact the physician, if necessary, for official communication regarding the data system and the physician's related responsibilities.

The dates that a physician starts and terminates affiliation with a medical practice group are placed in the physician's practice group affiliation date fields. The data delegation dates are dates on which a physician delegates or terminates the responsibility for submitting *POV Service* data by a qualified submitter/vendor. If and when a physician delegates affirmation responsibility to a qualified submitter/vendor (or ends that delegation), that date is documented in the affirmation delegation date fields.

See Appendix D for detailed submission record specifications and edit descriptions for each field.

Section 4. POV Service Data

4.1 Overview

POV Service data describe the services delivered by licensed physicians, practicing in Wisconsin, in an office setting. These are the core data required by the Physician Office Visit data system.

A reportable physician office visit service is a procedure or service performed by a Wisconsin-licensed physician in an outpatient office setting in Wisconsin. Reportable procedures or services are performed by physicians who hold one of two license types as issued by the Wisconsin Department of Regulation and Licensing:

Doctor of Medicine (type 020)
Doctor of Osteopathy (type 021)

Outpatient office settings include, but are not limited to, place of service codes as defined by the Centers for Medicare and Medicaid Services. For details about valid POV Place of Service codes, see **Place of Service**, Appendix E; Subset 5060.

The *POV Service* records to be submitted for a reporting period are those reportable physician office visit services for which **"posting date"** plus 60 calendar days falls within the reporting period.

Example: *If a patient is seen by a physician on May 10, and the encounter data are posted to the submitting organization's electronic charge-based system, on May 12, the encounter record would be included in the data submission for the third reporting period of the year. (May 12 + 60 calendar days is July 12. July 12 falls in the third reporting period.)*

POV Service data must be transmitted in a separate file from the *Physician Affiliation* data.

4.2 Content

POV Service data fields include information on the characteristics of the patient, the service performed, where the service was performed, general payer information, and physician information.

See Appendix E for detailed information on the POV record layout and data elements.

Section 5. Record and File Specifications

The POV data collection system uses a variable-length record structure for data submission. Variable-length records are those containing fields where the length is neither fixed nor specified. The field length will vary depending on the data being stored. Advantages of applying the variable-length record format include minimizing file size by reducing unnecessary blanks, optimizing the amount of information in a field by not truncating data based on a pre-specified fixed-length format, and optimizing processing speed and communication time.

5.1 Delimiters

Since the variable-length data structure does not specify individual field lengths and locations for any data elements in a record, it is important to have delimiters to mark or separate distinctive fields as well as records. In POV data collection, three types of delimiters are used to distinguish the beginnings and endings of fields, records, and files.

|	Field delimiter:	The character "|" separates two fields in a record. The first field of a record only needs a field delimiter between itself and its following field. The last field of a record needs no field delimiter at its end. Data fields in which information is not presented are shown by the use of adjacent beginning-of-field and end-of-field delimiters, "||".
~	Record delimiter:	The record delimiter "~" is always placed at the end of a record to distinguish two contiguous records. **Do not place a record delimiter at the beginning of a record**. A record delimiter does *not* precede the first record in a file. A record delimiter does *not* follow the last record in a file.
^	File/Batch delimiter:	The file/batch delimiter "^" marks the ***end*** of a file. The beginning of a file should not have a file delimiter.

5.2 Record Structure

POV data collection consists of three record types.

1) The ***Submitter Transaction*** **(ST)** record includes required information about the submission and identifies the data submitter in each electronic transaction with BHIP.

2) The ***Physician Affiliation*** **(AFF*)*** record creates and maintains a system registry of the physicians, their practice groups, and their data delegation status.

3) The ***POV Service*** **(POV)** record contains the data for each physician office visit service reported.

Each record type has a specific *Beginning of Record* indicator to identify the type of data contained in the upcoming data stream. The indicators used in the POV data collection are listed in the table below.

Table 2 Beginning-of-Record Types

Record type	Indicator
Submitter transaction record	ST
Physician affiliation record	AFF
POV service record	POV

A record delimiter "~" must be placed at the end of a record. Details of the record structure for each record type will be addressed in the following sections.

Leading blanks and trailing blanks will be removed from a string-specific data field when the data are loaded into the POV database. Leading zeros will also be ignored from a numeric data field when the data are loaded into the POV database.

5.2.1 Submitter Transaction Record (ST)

The *Submitter Transaction* record must start with a *Beginning of Record Indicator*, "ST." The *ST* record layout and data elements are detailed in Appendix C.

Each submitted file must contain one *ST* record. The *ST* record must be the first record in a file. Misplacing this record will result in rejection of the entire file. Its *record sequence number* must always be set to "0." If the *ST* record is missing or more than one *ST* record is included in a file, the POV system will generate an email notice of file submission failure, and will reject the submission.

An example of the ST record follows:

ST|0|500|XYZ Company|20050317|Doe|John|IT Supervisor|35 Great Lake Drive|P.O. Box 1234|Madison|WI|53701|jdoe@xyz.com|6082541254||2005|1~

The example record shows that the data submitter, XYZ Company, has a vendor ID of 500. The file submitted is created on March 17, 2005. The contact person is John Doe, whose address is 35 Great Lake Drive, P.O. Box 1234, Madison, WI 53701. His email address and phone number are jdoe@xyz.com and (608) 254-1254, respectively. Data fields in which information is not presented are shown by the use of adjacent beginning-of-field and end-of-field delimiters, "||." This file is submitted for reporting year 2005 and reporting period 1.

5.2.2 Physician Affiliation Record (AFF)

The *Physician Affiliation* record is designed to collect *Physician Affiliation* data and other related information. The *Physician Affiliation* record must start with a *Beginning of Record Indicator*, "AFF." The *AFF* record layout and data element specifications are detailed in Appendix D.

AFF records can be classified into one of two transaction types reported in the *Transaction Type Identifier* field: "A" (add physician) and "U" (update physician). The features and examples for each type of the AFF record are discussed by transaction type below.

> ***Note:*** *It is the responsibility of all data submitters to provide correct and up-to-date Physician Affiliation data for all physicians associated with their practice group.*

Transaction Type "A" is used when new physician records need to be added to the physician affiliation table. When new physicians join a practice group, data submitters should submit *AFF* records containing new physician information in a timely fashion.

Transaction Type "A" record characteristics:

- Each physician newly affiliated with a practice group should have one record.
- The *Transaction Type Identifier* must be coded "A".
- The starting date of practice group affiliation must be the actual affiliated date.

Below is an example of the Physician Affiliation record with a Transaction Type Identifier "A".

> AFF|78|A|542173698|ABC Medical Group|51 Clinic Road|P.O. Box 1051|Madison|
> WI|53715|Doe|Jane|K||0047891|RES00000||427116979|256 Kth Street|P.O. Box 1121|
> Madison|WI|53711|20011209||20011209||20011209|~

This record indicates that ABC Medical Group (EIN: 542173698) has hired a new physician, Dr. Jane K. Doe (Wisconsin physician license number: 0047891, NPI number: RES00000, and EIN number: 427116979). Her address is 256 Kth Street, P.O. Box 1121, Madison, WI, 53711. The address of ABC Medical Group is 51 Clinic Road, P.O. Box 1051, Madison, WI, 53715. The starting date of the practice group affiliation is December 9, 2001.

Transaction Type "U" is used to update an existing physician's information (see *Warning* below for exception) in the affiliation table.

Transaction Type "U" record characteristics:

- The *Transaction Type Identifier* for updates to records must be coded "U".
- **All** fields in the record must contain complete and accurate information. A blank field on the update record will cause the existing information on the corresponding element in the database to be deleted or "written over with blanks."

In the example below, Dr. Jane Doe signs her TPA on January 28, 2002, thereby delegating a data submitter to send data to BHIP on her behalf. Her data submitter should send a *Physician Affiliation* record with the actual start date of the data delegation. The record will look like this:

AFF|3|U|542173698|ABC Medical Group|51 Clinic Road|P.O. Box 1051|Madison|WI|53715|Doe|Jane|K||0047891|RES00000||427116979|256 Kth Street|P.O. Box 1121|Madison |WI|53711|20011209||20020128|||~

Warning: *The POV Physician Affiliation table uses two data elements to form its primary key identifiers. They are (1) EIN of the physician's practice group (Edit No. 2021), and (2) Wisconsin physician license number (Edit No. 2051). These two fields are not allowed to be changed or updated.*

If the information in either of the primary key identifiers needs to be changed, data submitters should:

- First, submit an "update physician" record *(Transaction Type Identifier* "U") that includes an "end of affiliation" date; and,
- Second, submit an "add physician" record (*Transaction Type Identifier* "A") that includes the current, changed information.

Note: *Transaction Type "D" is no longer available in the Physician Affiliation record. Because of the importance of keeping historical records, the only way to "delete" an affiliation record submitted in error is to end affiliation on that record, and then if necessary, submit a new record with transaction type "A" to add the corrected affiliation data.*

5.2.3 POV Service Record (POV)

The *POV Service* record is used specifically to collect data related to physician office visit services. All *POV Service* records must start with the *Beginning of Record Indicator*, "POV". The POV record layout and data elements are described in Appendix E.

POV Service records can be classified into one of three transaction types: "A" (add new record), "U" (update existing record), and "D" (delete existing record).

Transaction Type "A" is used when new *POV Service* records need to be added to the POV data collection database.

An example of a *POV Service* record with Transaction Type "A" follows:

POV|10|A|BHIP001|A530H|3013099678|HCA009||19650815|M|53711|OA||||20001217|20001217|||MB||Doe|Jane|M||OTH00000|||LI|48.32|46420|4659|||||||20010706|11|99233|||||75.30|UN|1|Y|A|143.50|FA|XYZ Clinic|100 Medical Drive||Madison|WI|53701|2|ABC Health Clinic||||2231 Dollar Street|P.O. Box 431|Madison|WI|53714||530774169|635770|Doolittle|John|||0031278|RES00000||ABC Health Clinic|530774169~

Data fields in which information is not presented are shown by the use of adjacent beginning-of-field and end-of-field delimiters, "||."

The summary of the above record is:

Transaction type identifier: Add new POV Service record
Record identification/ID number: BHIP001
Encrypted case identifier: A530H
Patient control or account number: 3013099678
Medical record or chart number: HCA009
Patient's birth date: August 15, 1965
Patient's gender: Male
Patient's ZIP code: 53711
Patient condition related to employment, auto accident, or other accident: Other accident
Whether a patient is pregnant: No
Date of current illness, injury, or pregnancy
    Onset of current symptom/illness: December 17, 2000
    Date of accident: December 17, 2000
Primary payer category code: MB
Name of referring physician: Jane M. Doe
Identification number of referring physician: NPI number: OTH00000
Whether tests were sent to an outside lab: Yes
Outside lab charge: $48.32
Diagnosis or nature of illness or injury
    Diagnosis 1 (Principal): 464.20
    Diagnosis 2: 465.9
Dates of service: July 6, 2001
Place of service: Office visit
Codes for procedure, services, or supplies/ type of service: 99233
Charges: $75.30
Days or units: 1 unit
Whether the provider accepts assignment
    Assignment in general: Yes
    Medicare assignment: Assigned
Total charge in a claim: $143.50
Name of facility where services were rendered: XYZ Clinic
Address of facility where services were rendered: 100 Medical Drive, Madison, WI 53701
Physician's and supplier's billing name: ABC Health Clinic
Physician's and supplier's billing address: 2231 Dollar Street, PO Box 431 Madison, WI 53714
Billing physician's/supplier's identification number: EIN: 530774169
Performing physician's name: John Doolittle
Performing physician's identification number
    Wisconsin physician license number: 0031278
    NPI: RES00000

UPIN: 635770
The medical group that the physician is associated with: ABC Health Clinic (EIN: 530774169)

Transaction Type "U" is used when a change or an update needs to be made to an existing *POV Service* record in the *POV Service* table (see *Warning* below for exception).

Transaction Type "U" record characteristics:

- The *Transaction Type Identifier* for records to be updated must be coded "U".
- **All** fields in the record must contain complete and accurate information. A blank field on the update record will cause the existing information on the corresponding element in the table to be deleted or "written over with blanks."

Warning: *The POV Service table uses three data elements to form its primary key identifiers. They are (1) EIN of the physician's practice group (Edit No. 5322), (2) Wisconsin Physician License Number (Edit No. 5311), and (3) Record Identification Number (Edit No. 3007). These three cannot be updated using the Transaction Type "U".*

If the information in any of the primary key identifiers needs to be changed, data submitters must:

- First, delete the existing record by using the *Transaction Type* "D" on the submitted POV Service record; then,
- Second, submit a new *POV Service* record that includes current changed information using *Transaction Type* "A".

Transaction Type "D" is used to delete existing *POV Service* records in the table if they were submitted in error. This particular type of record should be sent only when data submitters wish to delete *POV Service* records that were misreported.

Only the following fields need to contain data for a *POV Service* record to be deleted:

- Beginning of record indicator ("POV")
- Record sequence number
- Transaction type identifier (i.e., "D")
- Record identification number
- Wisconsin physician license number
- EIN of physician's practice group

The information in the rest of the fields is optional.

For instance, using the previous example, the data submitter finds that Dr. John Doolittle, in fact, is not affiliated with ABC Health Clinic. The data submitter needs to send a *POV Service* record to delete or remove the record or information associated with Dr. John Doolittle in the POV service table. Below is an example of the record:

POV|74|D|BHIP001||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||0031278||||530774169~

After receiving the record, BHIP will delete any existing information associated with it.

5.3 File Structure

Files submitted have to be formatted as ASCII text files. Files must be either a single data stream without a carriage return (CR) or line feed (LF) character; or, separate records with both a CR and an LF at the end of each record. The last character in a submitted file must be the delimiter “^” to indicate the end of the file. If there is no “^” at the end of a file, the system will consider the file submission incomplete. Extraneous characters following the “^” will lead to errors, including the possibility of file rejection.

Every file must start with one *Submitter Transaction* (ST) record. If the first record is not an *ST* record, BHIP will send a notice of file transaction failure to the data submitter.

The *ST* record always has a *Record Sequence Number* of “0” associated with it, indicating the beginning of a file submission. The sequence number increases by one for each record in the submission file. Therefore, the total number of records submitted is equal to the last sequence number plus one.

Below is an example of a file containing one *ST* record and five *POV Service* records. The file is constructed in an ASCII format in one data stream.

```
ST|0|…|4~POV|1|A|…|537116969~POV|2|A|…|537116969~POV|3|A|…|537116969~
POV|4|U|…|537116969~POV|5|D|…|537116969^
```

The following example shows a file using carriage returns.

```
ST|0|…|4~
POV|1|A|…|537116969~
POV|2|A|…|537116969~
POV|3|A|…|537116969~
POV|4|U|…|537116969~
POV|5|D|…|537116969^
```

It is critical to include the end-of-file delimiter “^” to indicate the end of the file submission. Failure to include the end-of-file delimiter will cause a fatal file-processing error, resulting in a rejection of the submission.

> ***Note***: *The submission of a file mixing POV Service records and Physician Affiliation records is not acceptable.*

5.4 File Naming Convention

The POV data system accepts long file names to ensure that information is meaningful and distinctive. The file name standards are as follows:

- The length of a file name should be less than 32 characters.
- The allowable character set should be restricted to A-Z, a-z, 0-9, underscore (_), and hyphen (-).
- Characters in a file name are not case sensitive.
- Files containing *POV Service* (POV) records must begin with characters POV.
- Files containing *Physician Affiliation* (AFF) records must begin with characters AFF.
- Use "TXT" as the file extension when naming files to be submitted to the POV system.

***Warning**: File names that do not start with POV or AFF will be rejected.*

Section 6. File Submission

Data required for POV data collection should be submitted to BHIP in the pre-specified format defined in Section 5.

Files and reports are transmitted between BHIP and data submitters using secure file transfer software. User security for file transfers is managed through the Wisconsin Department of Administration Lightweight Directory Access Protocol (LDAP) process.

6.1 Objectives

The main goals of the file submission mechanism for the POV data collection system are to provide:

- An electronic system that can be reached 24 hours a day, 7 days a week.
- A quick processing system, allowing for rapid file handling and timely feedback.
- A secure mechanism for data submission and information exchange.

6.2 Account Information

Each submitting organization must designate at least one local security administrator to manage authorization of users, and to identify the roles these users will have in the POV data submission cycle. The local security administrator will be the first user authorized to use the POV system, and will assign roles to the rest of the authorized users in that submitting, organization, through the POV Web Interface.

Each data submitter must have a unique submitter ID number and adequate authorization from BHIP to submit data.

Each individual user must have a WAMS ID, obtained at:

on.wisconsin.gov

The roles that may be authorized in the POV system are:

(1) **Affiliation Editor** – A user with the ability to edit physician affiliation data for a submitting organization. This role also authorizes report and data file downloads, and access to the Submission Status screen.
(2) **Affirmation Signer** – The user with the responsibility to affirm a submitting organization's service data for those physicians who have delegated affirmation responsibility. This role also authorizes report and data file downloads, and access to the Submission Status screen.

(3) **Data Certify Submitter** – A user given access rights to the test data upload directory on the SFTP server. When combined with other security roles, and using test data, a user may practice all the processing steps needed to complete the quarterly data submission, editing, and affirmation processes.
(4) **Data Editor** – The user who has responsibility for editing submitted service data records. This role also authorizes report and data file downloads, and access to the Submission Status screen.
(5) **Data Submitter** – A user given access rights to the production data upload directory on the SFTP server for purposes of submitting POV data.
(6) **Report Generator** –This role is reserved for future enhancements to the POV system.
(7) **Security Administrator** – A user with responsibility to request that BHIP add and remove users, and/or change user roles for the POV Web Interface.
(8) **Physician Affirmer** – BHIP staff member with responsibility for recording data affirmation from physicians who have not delegated affirmation to the data submitting organization. This role is restricted to BHIP.

6.3 POV File Submission and Editing

All user interaction with POV is through secure Web processes. There are separate methods for file transfer and for editing data. Detailed instructions for using the POV Web Interface are provided in Appendix F.

6.3.1 File Submission Method

To transmit data and download reports, submitters must use DHFS-supplied (SFTP) software. Instructions for installation of the software and connection to DHFS servers are provided with the software.

6.3.2 POV Web Interface

The POV Web System provides status logs of data submissions; allows entry and editing of physician affiliation data and editing of POV service data; enables data submitters to determine when data summary and profile reports are to be produced; and permits electronic data affirmation.

All access is through browser software, which must be configured to accept Internet “cookies.”

6.4 Security

The data submission procedures and protocols used in POV data collection are consistent with specifications contained in the Health Insurance Portability and Accountability Act (HIPAA) of 1996, as regulated by the U.S. Department of Health and Human Services. HIPAA security regulations set forth a framework of standard minimum protocols and procedures for ensuring the safety, security and integrity of electronically stored and transmitted health care information.

The HIPAA technical security requirements relate to software controls and protocols inherent to the electronic storage and submission of health information. This will ensure that data cannot easily be accessed, intercepted, or interpreted by unauthorized third parties. The implementation features include:

- Integrity controls (internal verification that data being transmitted or stored is valid)
- Message authentication (ensuring that the messages sent and received are the same)
- Access control to submissions (such as dedicated lines secure from tampering) or encryption.

For more details about HIPAA security requirements related to the submission of data, please contact the U.S. Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS), and Workgroup for Electronic Data Interchange (WEDI).

6.5 Help

All POV data submission problems must be reported to the Wisconsin Help Desk. Follow the instructions at dhfs.wisconsin.gov/healthcareinfo/pov/dsm.htm

If you have questions related to POV general policies, submission deadlines, the qualification process and data element specifications, please visit the POV Web site at:

dhfs.wisconsin.gov/healthcareinfo/pov

Or send an email to:

povdata@dhfs.state.wi.us

Section 7. Validation and Reports

The data editing system for the Physician Office Visit (POV) data collection is constructed based on data element specifications, submission timing and volume, and currently available technology. The POV data system is designed to allow editing flexibility to accommodate the specific needs of submitters, to reduce programming burden, and to minimize cost.

7.1 Objectives

Data submitted to the POV system should be as error-free as possible before affirmation. Error reports and editing processes are available to allow submitters to revise and correct data before affirmation.

7.2 Processing and Edit Errors

Processing errors are classified into one of three levels: file level, record level, and field level. Each level is associated with a set of specific edits.

- **File-level** or file processing errors occur during the initial *file processing stage*. File processing errors are often caused by the ambiguity of a file's identity or the detection of an invalid file structure. This will result in failure to open a file or failure to load the data into the database.

- **Record-level** or record processing errors occur during the *record processing stage*. Record processing errors are often associated with the validity of the record structure or the reliability of record integrity. Any detected record-level processing errors will prevent that record from being processed or loaded into the database.

- **Field-level** or field processing errors occur during the *field processing stage*. Field processing errors are often caused by the field's inconsistent content or invalid coding specification. These data are not prevented from being loaded into the database.

Edit errors are defined as messages indicating the possibility of a file, record, or field violation and/or processing error in accordance with BHIP-specified data formats, codes, and values.

Every edit has a unique edit number for further identification and correction purposes. The edit number consists of two parts: a subset number and a task number. A hyphen is placed between the subset number and the task number.

- Each processing error will have a corresponding edit number.
- The subset number indicates the general category or subset that the corresponding edit is intended to address and evaluate.
- The task number indicates the specific task that the corresponding edit performs. There are two types of task numbers: critical and non-critical. **Critical task numbers end in 1, e.g., 4011-011, and must be corrected. Non-critical task numbers end in 2, e.g., 3050-062, and are considered warning edits that may or may not need to be corrected**.

7.3 Standard Processing Reports

When a POV data file is sent to BHIP, a series of standard processing reports will be generated in response to any edits detected in the submitted file. A summary of the reporting process is presented in Figure 7.1.

Seven types of standard processing reports are used in POV data collection to provide unique information specific to the file processing status and outcome:

- The *Submission Acknowledgment Notification* (first email) informs data submitters that their submitted file was received by BHIP. For detailed information, see Appendix G.

- The *Initial Processing Notification* (second email) informs data submitters whether their submitted file could be processed or was rejected due to the existence of file-level processing errors. For detailed information, see Appendix H.

- The *Unidentified Data String File (X)* consists of a copy of the raw text contents or data strings in a record that resulted in record-level processing errors. For detailed information, see Appendix I.

- The *Processing Summary Report* (S) summarizes the overall outcome of a file, explains how its data records were handled, and provides statistics on the quantity of errors. For detailed information, see Appendix J.

- The *Detailed Processing Report* (D) details the processing results of a submitted file, including its individually identifiable records and the edits that appear on those records. For detailed information, see Appendix K.

- The *Loadable Problematic Record File (L)* contains records with field-level processing errors in a particular file submission. For detailed information, see Appendix L.

- The *Unloadable Problematic Record File (U)* contains submission records that the POV system is unable to process because there is no matching affiliated physician; or because a record with the same *record identification number* has already been affirmed and cannot be updated. For detailed information, see Appendix M.

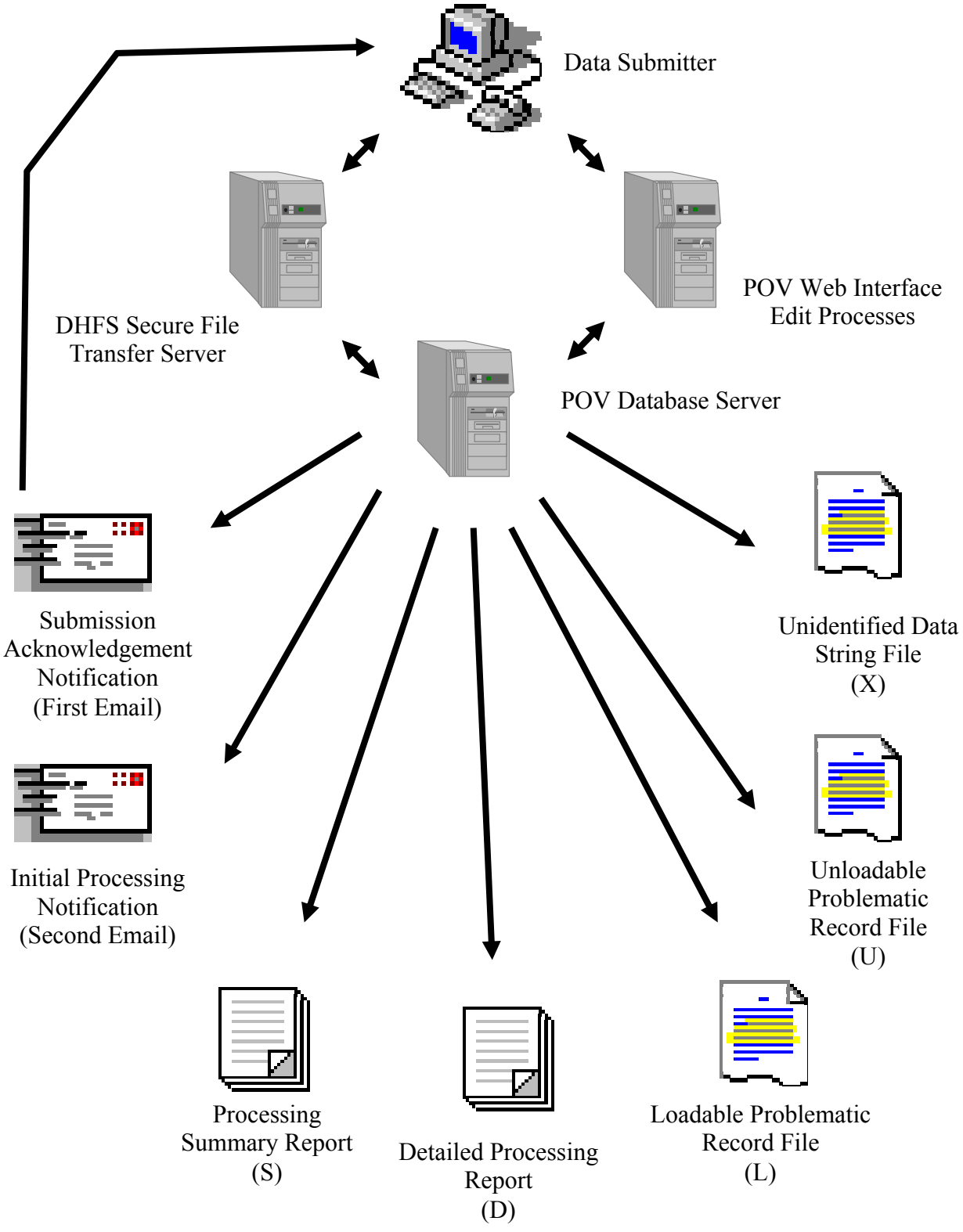


Figure 7.1 Standard Processing Reports and Files

7.4 End-of-Quarter Reports and Files

Quarterly reports and data files are provided to summarize the data that have been submitted during the reporting period. These meet the requirements of HFS 120.14, which stipulates that DHFS may return the data in a data summary with information for revision and resubmission at the end of a data reporting period. Under HFS 120, the physicians or their qualified submitter/vendor shall correct all errors and complete resubmission within 15 days of receipt of the data summary.

After all data have been submitted for the period, data summary reports are generated upon requests made by data submitters through the POV Web Interface. Reports will be located in each submitter's download directory for reviewing purposes. A summary of the reports is shown in Figure 7.2.

Five types of quarterly reports are prepared to enable the data submitters to assess the quality of the submitted data. These reports are as follows:

- The *Quarterly Processing Summary Report* (S) provides a brief summary analysis of how well records or data elements are constructed and presented, at the end of the reporting period, in response to the written specifications. For detailed information, see Appendix J.

- The *Quarterly Detailed Processing Report* (D) provides comprehensive information about edits as well as detailed analysis of any field-level processing errors detected in the POV database. This report is designed to inform data submitters about any inconsistency between submitted data and default specifications. For detailed information, see Appendix K.

- The *Loadable Problematic Record File* (L) is a file containing all AFF or POV records with outstanding field-level processing errors for the current reporting period. The *Loadable Problematic Record File* is formatted as an ASCII text file, storing all of the loadable problematic records existing in the POV database. Data submitters can retrieve this file to examine the problematic records. For detailed information, see Appendix L.

- The *Quarterly Data Summary Report* (M) provides statistical information about the contents of essential data elements that were submitted in a reporting period. Submitters can use the output of this report to examine their data validity, or perform additional content analyses. For detailed information, see Appendix N.

- The *Physician Data Profile* report is prepared at the end of the reporting period after data submitters have completed final data review and editing. The report is provided either to the data submitting organization or, if the physician has not delegated affirmation, directly to the physician. For detailed information, see Appendices P and R.

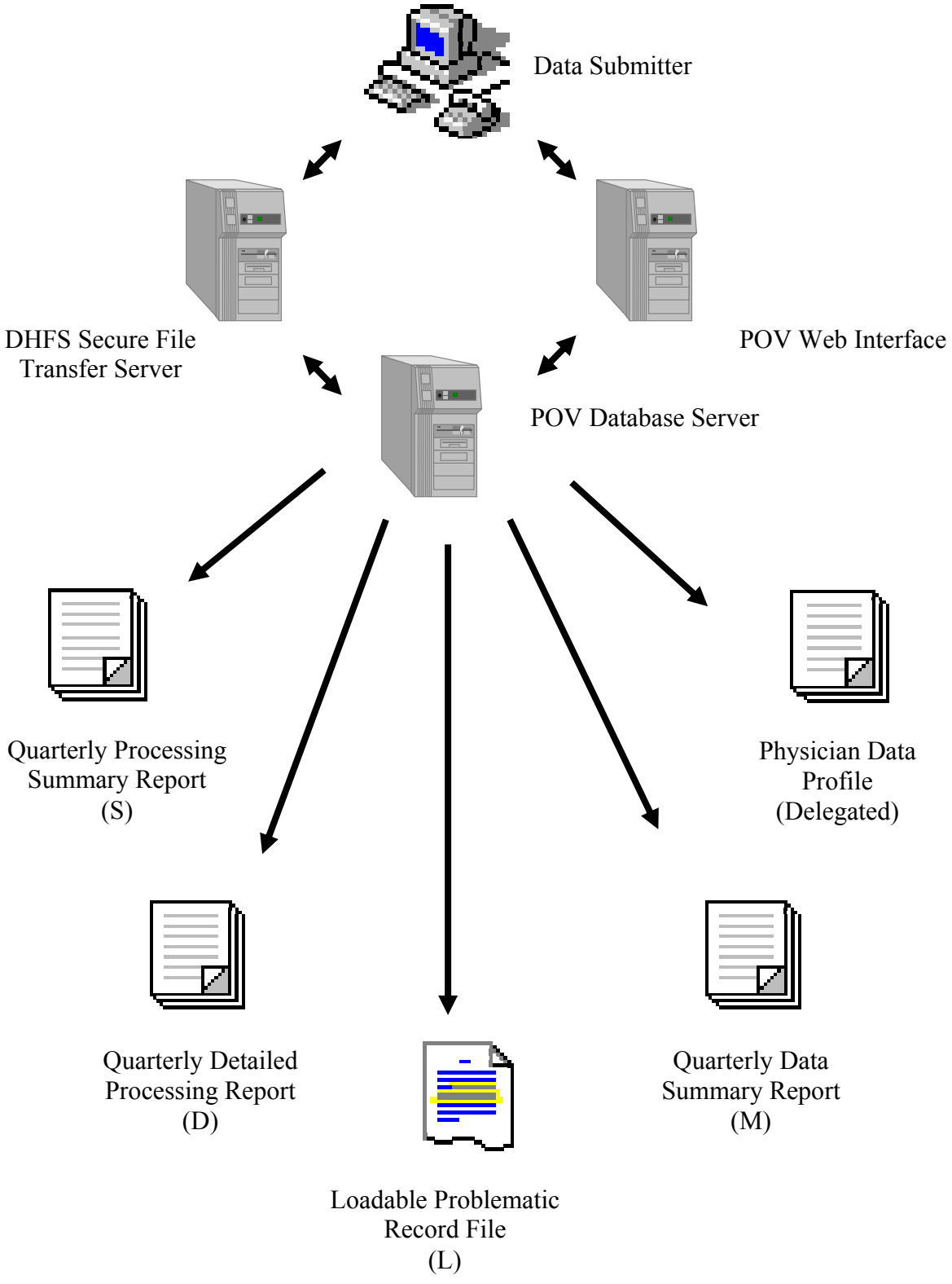


Figure 7.2 POV End-of-Quarter Reports and Files

7.5 Physician Data Profile

The *Physician Data Profile* report provides a high-level summary analysis of POV service records submitted for a physician during a specific reporting period. BHIP supplies this data profile to help physicians, or their representatives, verify the accuracy and completeness of the data reported. By law, physicians, or their designees, shall review the profile reports and must complete the affirmation process within 30 calendar days from the date the data profile reports are available. Language specific to the *Physician Data Profile Report* is referenced in Wisconsin Administrative Code, HFS 120.14 (1) (c) 5-10. A link to HFS 120 is available in Appendix B.

7.6 Data Affirmation

At the end of each reporting period, POV data must be affirmed as complete and accurate by the physician, or the physician's designee. Affirmation occurs through the POV Web Interface for any physician who has delegated affirmation to a designee at the data submitting organization. Physicians who have not delegated affirmation will receive an *Affirmation Form* directly from BHIP.

To prepare for the affirmation process, submitters may use the *Affirmation Delegated Physician List.* This list consists of physician name, Wisconsin license number, and delegation status for physicians who submitted POV service records during a specific reporting period. Physicians who do not submit service records will not be included in this list. Submitters may use this list to prepare physician information for the affirmation process. For detailed information, see Appendix O.

BHIP is required to accept comments on data submitted to the POV system by physicians or their representatives, and to include a file of any comments with the database. Comments must be limited to a maximum of 1,000 words, written in a standard electronic word processing format, and submitted with the signed affirmation statement no later than the 15th calendar day following receipt of the *Physician Data Profile*. Comments must be sent as an email attachment to: povdata@dhfs.state.wi.us, in a Word or text-only format file. There must be a separate file for each physician's comments. In the file, include the physician name, Wisconsin license number, submitter ID, reporting year and reporting period to assure the comments are associated with the appropriate physician's data. The email may include more than one file.

Non-delegating physicians receiving their own *Physician Data Profile* and *Affirmation Form* must mail the signed *Affirmation Form* to the address on the form. The original, signed *Affirmation Form* must be postmarked by the deadline shown on the form.

Note: For legal purposes, faxing is not a substitute for mailing.

More details and examples of the *Physician Data Profile* report and the *Affirmation Form for Individual Physicians* are presented in Appendices F, P, and R.

APPENDIX A
Chapter 153, Wisconsin Statutes

Chapter 153, Wisconsin Statutes, Health Care Information, is available at www.legis.state.wi.us/rsb/stats.html.

APPENDIX B
HFS 120, Wisconsin Administrative Code

Chapter HFS 120, Wisconsin Administrative Code, Health Care Information, is available at www.legis.state.wi.us/rsb/code/index.html.

APPENDIX C
Submitter Transaction Record Specifications and Edits

The *Submitter Transaction* (ST) record provides general submission information and identity of the data submitter.

C.1 Data Information

There must be one *ST* record at the beginning of each submitted file. If the first record is not an *ST* record or the file contains more than one *ST* record, the data submitter will receive an email notice of file submission failure. See Section 5 for an example of an *ST* record.

C.2 Record Layout

The field order and layout of the *ST* record is as follows:

Element/Subset Name	Order	Type	Length	Edit No.	Required
Beginning of record indicator	1	Record	2	1000	●
Record sequence number (*always = "0")*	2	Numeric	≤12	1005	●
Transaction information					
Submitter/vendor ID	3	String	≤15	1011	●[1]
Submitter organization name	4	String	≤95	1012	●
File creation date	5	Date	8	1013	●
Contact person information					
Last name	6	String	≤35	1021	●
First name	7	String	≤25	1022	○
Title	8	String	≤35	1030	○
Street address 1	9	String	≤55	1041	●
Street address 2	10	String	≤55	1042	○[2]
City name	11	String	≤52	1043	●
State code	12	String	2	1044	●
ZIP code	13	String	≤15	1045	●
Email	14	String	≤80	1050	●
Phone	15	String	≤80	1064	●
Phone extension (Ext.)	16	String	≤80	1065	○

(*Continued…*)

ST Record Layout Continued

Element/Subset Name	Order	Type	Length	Edit No.	Required
File Information					
Reporting year	17	Numeric	4	1071	●
Reporting period	18	Numeric	1	1072	●

- ● Mandatory
- ○ Required if information exists
- [1] Every data submitter must have a valid submitter ID number issued by BHIP.
- [2] If both P.O. box number and street address are present, P.O. box number must be placed in street address 2.

C.3 Data Element Specifications and Edits

The purpose of data element specifications is to clarify the characteristics and contents of data elements needed in the POV data collection. The data element specifications are organized by the order the elements appear in a record. Each data element is defined in detail on a data element specification sheet. The format for the specification sheets is illustrated in the following example:

- Element Name: The name of the data element assigned within Chapter 153, Wisconsin Statutes. It is always listed at the top of the specification sheet.
- Subset Number: Every data element has a unique number for further identification and editing purposes. The first digit is always "1", to indicate it applies to a field within the *ST* record.
- Subset Name: An extended identification for data elements that is assigned to a specific category. If an element has no subset, the subset name will be the same as the element name.
- Definition: A narrative statement or coding consideration that defines the nature of a corresponding data element.
- Requirement: Data element requirements are of three types:
  - Mandatory -- an element field is required.
  - Conditional -- if one element specified in the condition is present, then its conditional elements must be present.
  - Required if information exists -- an element needs to be present only if its information is available.
- Source: References and standards that are used for data collection. The X12N 837 Professional EDI standard (837004010x098) is used whenever possible.

- Type: The character feature of an element. The data element type includes:
  - Date: A date type is used to express the standard date with a CCYYMMDD format in which "CC" is century, "YY" is the calendar year, "MM" is the month, and "DD" is the day in the month.
  - Numeric: A numeric element consisting of one or more digits representing a value in the normal base of 10. The value may include a decimal point.
  - String: A string data element can be one (stand-alone) character or a sequence of any characters. Left-justify character strings without leading spaces.
  - Record: A string that is pre-defined for the identification of a record type. It is always the first field of a record.
- Length: The length of each data element. The value of the length is represented by the number of positions used. Each data element is assigned a pre-specified length, with a maximum length if necessary.
- Value: Code that is used for a data element as well as definitions corresponding to the code.
- Example: Whenever possible, data elements are illustrated by an example.
- Specification: More detailed information for the data element, such as sources, applicability, code setting, and so forth.
- Edit(s): Messages indicating the possibility of a field's violation concerning pre-specified data formats, coding, and values.

BEGINNING OF RECORD INDICATOR

Subset Number:	1000
Subset Name:	Beginning of record indicator
Definition:	Indication of the beginning of the submitter transaction record and of a submitted file.
Requirement:	Mandatory

Source: Bureau of Health Information and Policy

Type: Record

Length: 2 positions

Value: ST

Example: ST

Specifications: A file must have **one** submitter transaction record associated with that file and it must be the **first record** in the file.
The value of this element is always "ST", to indicate the onset of the submitter transaction record.

Errors detected in the ST record can indicate either record-level or file-level problems, or both.

Edits:

1000-011	Must be "ST".
1000-021	Contains invalid field delimiters in the ST record.
1000-031	Must consist of only one ST record in a file.
1000-041	Missing the end-of-record delimiter in the ST record.
1000-051	No data can be placed after the end-of-file delimiter.
1000-061	Contains invalid non-AFF type records in an AFF file.
1000-071	Contains invalid non-POV type records in a POV file.
1000-081	Missing the end-of-file delimiter.

RECORD SEQUENCE NUMBER

Subset Number:	1005
Subset Name:	Record Sequence Number
Definition:	An integer that identifies every record in the file in sequence.
Requirement:	Mandatory

Source: Data Submitter

Type: Numeric

Length: 12 positions or less

Value: 0

Example: "0" would be coded for the first row in the file.

Specifications: This number must be a continuous integer in a record.
This number must be unique in a record.

Edits: 1005-011 Must be "0".

TRANSACTION INFORMATION

Subset Number:	1011
Subset Name:	Submitter/Vendor ID
Definition:	Identification number of a data submitter/vendor.
Requirement:	Mandatory

Source: Bureau of Health Information and Policy

Type: String

Length: 5 positions or less

Value: N/A

Example: N/A

Specifications: Each data submitter has a unique identification number assigned by the Bureau of Health Information and Policy (BHIP). This number is used only for data submission purposes.

Edits: 1011-031 Must be a valid submitter/vendor ID.

TRANSACTION INFORMATION

Subset Number:	1012
Subset Name:	Submitter/Vendor organization name
Definition:	The legal or corporate name of a data submitter/vendor used to identify or distinguish one business entity from another.
Requirement:	Mandatory

Source:	Data submitter	
Type:	String	
Length:	95 positions or less	
Value:	N/A	
Example:	Acme Clinic, S.C.	
Specifications:	This field should consist of the legal or corporate name of the submitter/vendor's organization.	
Edits:	1012-011	Must contain a submitter/vendor organization name.
	1012-022	Requires a valid submitter/vendor organization name.

TRANSACTION INFORMATION

Subset Number:	1013
Subset Name:	File creation date
Definition:	The date the submitter/vendor created the file sent to BHIP.
Requirement:	Mandatory

Source: Data submitter

Type: Date

Length: 8 positions

Value: CCYYMMDD (i.e., century, year, month, day)

Example: August 10, 2001 would be recorded as "20010810".

Specifications: This field indicates the date a file was created.
The date has to be a valid date within a reporting period.

Edits:

1013-021	Must be a valid date in relation to the reporting period (No. 1072).
1013-031	Must be before the date the file is received by BHIP.

CONTACT PERSON INFORMATION

Subset Number:	1021
Subset Name:	Last name
Definition:	Last name is the surname of the person that BHIP is to contact about the data submission.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 35 positions or less

Value: N/A

Example: "DOLE" is coded when the contact's last name is Dole.

Specifications: This field contains the last name or surname of the person whom BHIP should contact for any problems associated with this file. Valid characters are letters, apostrophes, hyphens, or spaces.

Edits: 1021-021 Must be a valid last name format.

CONTACT PERSON INFORMATION

Subset Number:	1022
Subset Name:	First Name
Definition:	First name is a given name used by the person that BHIP is to contact, commonly referred to as her/his first name.
Requirement:	Required if information exists.

Source: Data submitter

Type: String

Length: 25 positions or less

Value: N/A

Example: "LAURA" is coded when the contact's first name is Laura.

Specifications: This field contains the first name of the person whom BHIP should contact for any problems associated with this file. Valid characters are letters, apostrophes, hyphens, or spaces.

Edits: 1022-022 Require a valid first name format or blank.

CONTACT PERSON INFORMATION

Subset Number:	1030
Subset Name:	Title
Definition:	Title of the person that BHIP is to contact.
Requirement:	Required if information exists.

Source: Data submitter

Type: String

Length: 35 positions or less

Value: N/A

Example: "INFORMATION SYSTEMS SPECIALIST" is coded when the position title of the contact person is information systems specialist.

Specifications: This field contains the title of the person whom BHIP should contact for any problems associated with this file.

Edits: N/A

CONTACT PERSON INFORMATION

Subset Number:	1041
Subset Name:	Street address 1
Definition:	A single data element typically composed of the following components: primary number, Pre-Directional, Street Name, Street Suffix, Post-Directional, Secondary Unit Indicator.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 55 positions or less

Value: N/A

Example: "123 MAIN STREET" is coded if the mailing street address is 123 Main Street.

Specifications: This field contains the first address line for the person whom BHIP should contact for any problems associated with this file.
PO Box entries should NOT be made in this field (use *Street address 2*)

Edits:

1041-011	Must contain a street address.
1041-022	Requires a valid street address.

CONTACT PERSON INFORMATION

Subset Number:	1042
Subset Name:	Street address 2
Definition:	A single data element typically composed of one of the following components: PO Box, Highway Contract Route, or Rural Route Number.
Requirement:	Required if information exits.

Source: Data submitter

Type: String

Length: 55 positions or less

Value: N/A

Example: "PO BOX 309" is coded when the mailing address is PO Box 309.

Specifications: This field contains the second address line, or PO Box, for the person whom BHIP should contact for any problems associated with this file.

.

Edits: 1042-012 Requires a valid address or blank.

CONTACT PERSON INFORMATION

Subset Number:	1043
Subset Name:	City name
Definition:	The name of the municipality associated with the local Post Office for the Address location of the person whom BHIP is to contact.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 52 positions or less

Value: N/A

Example: "MADISON" is coded when the contact person's mailing address is in Madison.

Specifications: This field contains the city, for the person whom BHIP should contact for any problems associated with this file.

Edits:

1043-011	Must contain a city, town, or village name.
1043-022	Requires a valid city, town, or village name.

CONTACT PERSON INFORMATION

Subset Number:	1044
Subset Name:	State code
Definition:	The code used to identify the 50 U.S. states as defined by the Federal Information Processing Standard for Codes for the Identification of the States, the District of Columbia and the Outlying Areas of the United States, and Associated Areas of the person whom BHIP is to contact.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 2 positions or less

Value: N/A

Example: N/A

Specifications: This field contains the state code, for the person whom BHIP should contact for any problems associated with this file.

Edits: 1044-011 Must be a valid state code.

CONTACT PERSON INFORMATION

Subset Number:	1045
Subset Name:	ZIP code
Definition:	A code used to facilitate the delivery of mail to the person whom BHIP is to contact.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 15 positions or less

Value: N/A

Example: N/A

Specifications: This field contains the ZIP code, for the person whom BHIP should contact for any problems associated with this file.
BHIP will accept five- or nine-digit ZIP codes.

Do not include any punctuation in the ZIP code, i.e., no hyphen.

Edits: 1045-021 Must be a valid ZIP code.

CONTACT PERSON INFORMATION

Subset Number:	1050
Subset Name:	Email address
Definition:	Email address of the person whom BHIP is to contact.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 80 positions or less

Value: N/A

Example: povdata@dhfs.state.wi.us

Specifications: This field contains the email address, for the person whom BHIP should contact for any problems associated with this file.

This field should contain an @ and a period.

Edits: 1050-021 Must be valid format for an email address.

CONTACT PERSON INFORMATION

Subset Number:	1064
Subset Name:	Phone Number
Definition:	Phone number of the person whom BHIP is to contact.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 80 positions or less

Value: N/A

Example: "6085551234" would be coded for phone number (608) 555-1234.

Specifications: This field contains the phone number, for the person whom BHIP should contact for any problems associated with this file.
The phone number field should consist of both an area code and a 7-digit local phone number. Do not use punctuation, such as parentheses or hyphens.

Edits: 1064-011 Must be numeric characters only in a valid format.

CONTACT PERSON INFORMATION

Subset Number:	1065
Subset Name:	Phone extension
Definition:	The extension number of phone.
Requirement:	Required if information exists

Source: Data submitter

Type: String

Length: 80 positions or less

Value: N/A

Example: "756" would be coded when a phone number has an extension 756.

Specifications: This field contains the telephone extension number, for the person whom BHIP should contact for any problems associated with this file.

Edits: 1065-011 Must be numeric or blank.

FILE INFORMATION

Subset Number:	1071
Subset Name:	Reporting year
Definition:	The reporting year of the data submitted.
Requirement:	Mandatory

Source:	Data submitter	
Type:	Numeric	
Length:	4 positions	
Value:	CCYY (i.e., century and year)	
Example:	"2005" is coded when submitting data for 2005.	
Specifications:	This field contains the year for which this data is being submitted.	
Edits:	1071-021	Must be a valid year format.
	1071-031	Must be after calendar year 2005.

FILE INFORMATION

Subset Number: 1072

Subset Name: Reporting period

Definition: The reporting period of the data submitted.

Requirement: Mandatory

Source: Data submitter

Type: Numeric

Length: 1 position

Value:

Code	Definition
1	First reporting period; January – March
2	Second reporting period; April – June
3	Third reporting period; July – September
4	Fourth reporting period; October – December

Example: "1" is coded when the reporting period is the first reporting period.

Specifications: This field contains the period for which this data is being submitted. See Section 1.3 for description of posting date plus 60 calendar days. The time frame for each period is as follows:

Period	Reporting Period*	Data Submission Deadline	Data Corrections Completed	Data Affirmation Due
1	1/1 - 3/31	4/30	5/31	6/15
2	4/1 - 6/30	7/30	8/31	9/15
3	7/1 - 9/30	10/30	11/30	12/15
4	10/1 – 12/31	1/30	3/2	3/15

* Posting date plus 60 calendar days

Edits: 1072-011 Must be a valid code.

APPENDIX D
Physician Affiliation Data Specifications and Edits

The *Physician Affiliation* (AFF) record provides information on physicians including status of medical practice group affiliation and data submission delegation, in order to ensure the validity and reliability of the physician office visit service data over reporting periods.

D.1 Data Information

All service records are linked to physician affiliation records and it is the responsibility of all data submitters to provide accurate *Physician Affiliation* data and to update the *Physician Affiliation* data as the status of their affiliated physicians change.

Physician Affiliation data may be entered and edited either through the batch file submission or through the POV Web Interface. This appendix primarily describes the file and record structure for batch submission. The POV Web Interface is described in Appendix F.

The *Physician Affiliation* data are submitted in *AFF* records. Submission of all elements included in the *AFF* record is required. Multiple *AFF* records may be submitted in a file.

> ***Note:*** *The first record in any data submission must be an ST record. See Section 5.2.1.*

The first field of an *AFF* record must contain the unique *Beginning of Record Indicator*, "AFF." The second and third fields of an *AFF* record contain the *Record Sequence Number* in the file and the *Transaction Type Identifier*, respectively.

Data submitters need to specify the value for the *Transaction Type Identifier* to indicate the purpose of the transaction or submission. The *Transaction Type Identifier* should be assigned one of two values: "A" (add physician record) or "U" (update an existing POV physician affiliation record).

> ***Note:*** *Transaction Type "D" is no longer available. Because of the importance of keeping historical records, the only way to "delete" an affiliation record submitted in error is to end affiliation on that record, and then if necessary, submit a new record with transaction code "A" to add the corrected affiliation data.*

Once a physician leaves the practice and all data have been submitted and affirmed for that physician, ending dates for affiliation, data delegation, and affirmation delegation must be provided to "move" the physician record to the "formerly affiliated" status.

It is important to maintain accurate and current *Physician Affiliation* data. Unnecessary edits may result if Physician Affiliation data are incomplete, because POV Service records are checked against the Physician Affiliation table when service records are submitted. For

example: A data delegation date **must** exist in the *Physician Affiliation* table, for any physician for whom POV service records are submitted, or those records will be rejected.

AFF records can only be accepted if they contain physician data that includes 1) a *Physician Affiliation* record linking the physician to the data submitter and 2) a data delegation start date.

If the data submission delegation is actively terminated, data submitters must submit an "update" *Physician Affiliation* record with the *Ending Date of Data Delegation*.

D.2 Record Layout

The field order and layout of the *AFF* record is as follows:

Element/Subset Name	Order	Type	Length	Edit No	Required
Beginning of record indicator	1	Record	3	2000	●
Record sequence number	2	Numeric	≤12	2005	●
Transaction type identifier	3	String	1	2010	●[1]
Physician's practice group information					
EIN	4	String	≤80	2021	●
Organization name	5	String	≤95	2022	●
Street address 1	6	String	≤55	2031	●
Street address 2	7	String	≤55	2032	○[2]
City name	8	String	≤52	2033	●
State code	9	String	2	2035	●
ZIP code	10	String	≤15	2036	●
Physician name					
Last name	11	String	≤35	2041	●
First name	12	String	≤25	2042	○
Middle name	13	String	≤25	2043	○
Suffix	14	String	≤10	2045	○
Physician identification number					
Wisconsin physician license number	15	String	≤30	2051	●
NPI	16	String	≤80	2052	●[3]
UPIN	17	String	≤30	2053	○
EIN	18	String	≤80	2055	○

(Continued…)

Physician Affiliation Record Layout: Continued

Element/Subset Name	Order	Type	Length	Edit No	Required
Physician mailing address					
Street address 1	19	String	≤55	2061	●
Street address 2	20	String	≤55	2062	○[2]
City name	21	String	≤52	2063	●
State code	22	String	2	2065	●
ZIP code	23	String	≤15	2066	●
Physician's practice group affiliation dates					
Starting date	24	Date	8	2071	○
Ending date	25	Date	8	2072	○
Data delegation dates					
Starting date	26	Date	8	2081	○
Ending date	27	Date	8	2082	○
Affirmation delegation dates					
Starting date	28	Date	8	2091	○
Ending date	29	Date	8	2092	○

● Mandatory
○ Required if information exists
[1] Transaction type identifier includes "A" (for adding new physicians records) or "U" (for updating information).
[2] If both P.O. Box number and street address are present, P.O. Box number must be placed in street address 2.
[3] NPI is required and issued under HIPAA.

D.3 Data Element Specifications and Edits

The purpose of data element specifications is to clarify the characteristics and contents of data elements needed in the POV data collection. The data element specifications are organized by the order the elements appear in a record. Each data element is defined in detail on a data element specification sheet. The format for the specification sheets is illustrated with the following example:

- Element Name: The name the data element is assigned for the identification of Physician Affiliation information. It is always listed at the top of the specification sheet.

- Subset Number: Every data element has a unique number for further identification and editing purposes. The first digit is always a "2" to indicate it applies to a field within the *Aff* record.

- Subset Name: An extended identification for data elements assigned to a specific category. If an element does not have any subset involved, the subset name will be the same as the element name.

- Definition: A narrative statement or coding consideration that defines the nature of the data element.

- Requirement: Data element requirements are of three types:

  - Mandatory -- an element field is required.
  - Conditional -- if one element specified in the condition is present, then its conditional elements must be present.
  - Required if information exists -- an element needs to be present only if its information is available.

- Source: References and standards that are used for data collection. The X12N 837 Professional EDI standard (837004010x098) is used whenever possible.

- Type: The character feature of an element. The data element type includes:

  - Date: A date type is used to express the standard date with a CCYYMMDD format in which "CC" is century, "YY" is the calendar year, "MM" is the month, and "DD" is the day in the month.

  - Numeric: A numeric element consisting of one or more digits representing a value in the normal base of 10. The value may include a decimal point.

  - String: A string data element can be one (stand-alone) character or a sequence of any characters. Left-justify character strings without leading spaces.
  - Record: A string that is pre-defined for the identification of a record type. It is always the first field of a record.

- Length: The length of each data element. The value of the length is represented by the number of positions used. Each data element is assigned a pre-specified length, with a maximum length if necessary.
- Value: Code that is used for a data element as well as definitions corresponding to the code.
- Example: Whenever possible, data elements are illustrated by an example.
- Specification: More detailed information for the data element, such as sources, applicability, code setting, and so forth.
- Edit(s): Messages indicating the possibility of a field's violation concerning pre-specified data formats, coding, and values.

BEGINNING OF RECORD INDICATOR

Subset Number:	2000
Subset Name:	Beginning of record indicator
Definition:	Indication of the beginning of the physician affiliation record.
Requirement:	Mandatory

Source: Bureau of Health Information and Policy

Type: Record

Length: 3 positions

Value: AFF

Example: "AFF" would be coded for this field on the physician affiliation data record.

Specifications: This element must be "AFF" to indicate the start of a physician affiliation record.
Because of the level of the error, the information associated with record edits is also reported in this field.

The data delegation starting date (No. 2081) must be in a CCYYMMDD format or blank. Otherwise, the submitted record cannot be processed.

The data delegation ending date (No. 2082) must be in a CCYYMMDD format or blank. Otherwise, the submitted record cannot be processed.

Edits:

2000-011	Must be "AFF".
2000-021	Contains invalid field delimiters in an AFF record.
2000-031	Missing the end-of-record delimiter in an AFF record.
2000-041	Cannot be added because an AFF record has existed.
2000-051	Cannot be updated because there is no matched AFF record.
2000-081	Cannot be processed because the format of the data delegation starting date (No. 2081) is not valid or blank.
2000-091	Cannot be processed because the format of the data delegation ending date (No. 2082) is not valid or blank.

RECORD SEQUENCE NUMBER

Subset Number:	2005
Subset Name:	Record sequence number
Definition:	An integer that identifies every record in the file in sequence.
Requirement:	Mandatory

Source: Data submitter

Type: Numeric

Length: 12 positions or less

Value: N/A

Example: "58" indicates that the record is the 58th record after the ST record.

Specifications: Record sequence number represents a count of records.
The number after the submitter transaction record will begin with a sequence of 1, 2, …, up to the last record of the file.

Since a physician affiliation record cannot be the first record, its record sequence number is always greater than "0".

The record sequence number of contiguous records should be presented in a continuous form; otherwise, the possibility of missing records will be reported to data submitters.

Edits:

2005-022	Must be unique.
2005-041	Must be a positive integer.

TRANSACTION TYPE IDENTIFIER

Subset Number:	2010
Subset Name:	Transaction type identifier
Definition:	Indication of the function of the physician affiliation record being submitted.
Requirement:	Mandatory

Source: Data submitter

Type: Record

Length: 1 position

Value:

CODE	DEFINITION
A	Add new physician records
U	Update existing information

Example: "U" would be coded if a record submitted is used for updating an existing physician affiliation record.

Specifications: Data submitters need to specify the value for the transaction type identifier to indicate the purpose of a submitted record.
The code "A" is used to add a new physician to the affiliation table.

The code "U" is used when a record is submitted to update the information for a physician already in the table for this data submitter.

Edits: 2010-011 Must be a valid code.

Note: *Effective with the Data Submission Manual release version 4, the Transaction Type Identifier "D" (delete) is no longer a valid code. Deletions must be accomplished by entering an "ending date of affiliation" using Transaction Type Identifier "U".*

PHYSICIAN'S PRACTICE GROUP INFORMATION

Subset Number:	2021
Subset Name:	EIN
Definition:	Employer's Identification Number. A number that uniquely identifies an organization to the U.S. Internal Revenue Service.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 80 positions or less

Value: Issued by the U.S. Internal Revenue Service

Example: N/A

Specifications: This number is the IRS Employer ID Number of a physician's employer. It is also known as the Federal Tax ID number.

If a physician is self-employed, the EIN should be her/his own Federal Tax ID number.

Do not include any punctuation in this field, e.g., no hyphen.

Edits: 2021-011 Must be a valid Federal employer ID number.

PHYSICIAN'S PRACTICE GROUP INFORMATION

Subset Number:	2022
Subset Name:	Organization name
Definition:	The legal or corporate name used to identify or distinguish one business entity from another.
Requirement:	Mandatory

Source:	Data submitter	
Type:	String	
Length:	95 positions or less	
Value:	N/A	
Example:	N/A	
Specifications:	This element contains the name of the physician's practice group.	
Edits:	2022-011	Must be an organization name.
	2022-022	Requires a valid organization name.

PHYSICIAN'S PRACTICE GROUP INFORMATION

Subset Number:	2031
Subset Name:	Street address 1
Definition:	A single data element typically composed of the following components: primary number, Pre-Directional, Street Name, Street Suffix, Post-Directional, Secondary Unit Indicator.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 55 positions or less

Value: N/A

Example: "123 MAIN STREET" is coded if the mailing address of the physician is 123 Main Street.

Specifications: This element consists of the address of the physician's practice group.

Edits:

2031-011	Must contain a street address.
2031-022	Requires a valid address.

PHYSICIAN'S PRACTICE GROUP INFORMATION

Subset Number:	2032
Subset Name:	Street address 2
Definition:	A single data element typically composed of one of the following components: PO Box, Highway Contract Route, or Rural Route Number.
Requirement:	Required if information exists.

Source: Data submitter

Type: String

Length: 55 positions or less

Value: N/A

Example: "PO BOX 309" is coded if the mailing address of the physician is PO Box 309.

Specifications: This element consists of the address of the physician practice group.

Edits: 2032-012 Requires a valid address or blank.

PHYSICIAN'S PRACTICE GROUP INFORMATION

Subset Number:	2033
Subset Name:	City name
Definition:	The name of the municipality associated with the local Post Office for this address location.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 52 positions or less

Value: N/A

Example: "MADISON" is coded when the physician practice group is located in Madison, Wisconsin.

Specifications: This element consists of the address of the physician's practice group.

Edits:

2033-011	Must contain a city, town, or village name.
2033-022	Requires a valid city, town, or village name.

PHYSICIAN'S PRACTICE GROUP INFORMATION

Subset Number:	2035
Subset Name:	State code
Definition:	A code used to identify the 50 U.S. states as defined by the Federal Information Processing Standard for Codes for the Identification of the States, the District of Columbia and the Outlying Areas of the United States, and Associated Areas.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 2 positions

Value: N/A

Example: "WI" is coded if the physician's practice group is located in Wisconsin.

Specifications: This element contains the postal code for the state of the physician's practice group.

Edits: 2035-011 Must be a valid state code.

PHYSICIAN'S PRACTICE GROUP INFORMATION

Subset Number:	2036
Subset Name:	ZIP code
Definition:	A code used to facilitate the delivery of mail.
Requirement:	Mandatory

Source:	Data submitter
Type:	String
Length:	15 positions or less
Value:	N/A
Example:	"53575" is coded for the village of Oregon, Wisconsin.
Specifications:	BHIP will accept five- or nine-digit ZIP codes. Do **NOT** include any punctuation in the ZIP code, e.g., no hyphen.
Edits:	2036-011 Must be a valid ZIP code.

PHYSICIAN NAME

Subset Number:	2041
Subset Name:	Last name
Definition:	The last name or surname of the physician.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 35 positions or less

Value: No specific value is assigned

Example: "BEETHOVEN" is coded if the physician's last name is Beethoven.

Specifications: Valid characters are letters, apostrophes, hyphens, or spaces.

Edits: 2041-011 Must be in a valid last name format.

PHYSICIAN NAME

Subset Number:	2042
Subset Name:	First name
Definition:	First name is a given name used by the physician.
Requirement:	Required if information exists.

Source: Data submitter

Type: String

Length: 25 positions or less

Value: No specific value is assigned

Example: "LAURA" is coded if the physician's first name is Laura.

Specifications: Valid characters are letters, apostrophes, hyphens, or spaces.

Edits: 2042-011 Must be in a valid first name format or blank.

PHYSICIAN NAME

Subset Number:	2043
Subset Name:	Middle name
Definition:	Middle name is an additional name other than the first name and surname of the physician.
Requirement:	Required if information exists.

Source: Data submitter

Type: String

Length: 25 positions or less

Value: No specific value is assigned

Example: "JEAN" is coded if the physician's middle name is Jean.

Specifications: Valid characters are letters, apostrophes, hyphens, or spaces.

Edits: 2043-011 Must be in a valid middle name format or blank.

PHYSICIAN NAME

Subset Number:	2045
Subset Name:	Suffix
Definition:	The suffix is additional descriptive information applied to the entire name and appended to the last name.
Requirement:	Required if information exists.

Source:	Data submitter
Type:	String
Length:	10 positions or less
Value:	No specific value is assigned
Example:	"JR" is coded if the physician is a junior.
Specifications:	Do not submit credentials in this field (e.g., MD, DR, Ph.D.). Suffix is to be included for each physician, where applicable.
Edits:	N/A

PHYSICIAN IDENTIFICATION NUMBER

Subset Number:	2051
Subset Name:	Wisconsin physician license number
Definition:	The physician license number assigned to the physician by the Wisconsin Department of Regulation and Licensing.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 30 positions or less

Value: Assigned by the State of Wisconsin, Department of Regulation and Licensing.

Example: 0099999

Specifications: Each Wisconsin physician license number includes two leading zeros, five digits, a dash, and a three-digit specialty code
Submit **only** the seven-digit Wisconsin physician license number, without the 3-digit specialty code.

Leading zeros **are** required.

An additional soundex comparison on the physician's last name will be performed based on phonics (the way a word sounds), in addition to semantics (the way a word is spelled).

Edits:

2051-011	Must be a valid Wisconsin physician license number.
2051-042	Last name (No. 2041) does not match the physician license table.
2051-062	UPIN (No. 2053) does not correspond to the physician license number.

PHYSICIAN IDENTIFICATION NUMBER

Subset Number:	2052
Subset Name:	NPI
Definition:	National Provider Identifier. A unique identification number for health care providers that will be used by all health plans.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 80 positions or less

Value: Issued by the National Plan and Provider Enumeration System (NPPES)

Example: N/A

Specifications: A unique NPI will be assigned to each physician.
The NPI is a 10-position alphanumeric identifier. The tenth position is an International Standards Organization-approved check-digit, which will allow a calculation to detect keying or submission errors.

The use of NPI will be fully implemented under HIPAA, and mandatory for POV data collection as of 5/23/2007. Assignment of NPI numbers began July 2005, and may be submitted to the POV system as physicians receive their NPI assignment.

If an NPI has not been assigned please submit a surrogate NPI. Examples of surrogate NPIs are listed below:

8-position	10-position	Description
RES00000	RES0000000	Code for interns and residents.
RET00000	RET0000000	Code for retired physicians.
VAD00000	VAD0000000	Code for physicians serving the Department of Veterans Affairs or the U.S. Armed Services.
PHS00000	PHS0000000	Code for physicians serving Public Health or Indian Health services.
OTH00000	OTH0000000	Code for physicians who do not meet any of the above criteria.

If you need additional information on the source for NPIs, please visit: https://nppes.cms.hhs.gov.

Edits: 2052-011 Must be in a valid NPI format.

PHYSICIAN IDENTIFICATION NUMBER

Subset Number:	2053
Subset Name:	UPIN
Definition:	Unique Physician Identification Number. A number assigned by the Centers for Medicare and Medicaid Services.
Requirement:	Required if information exists.

Source: Data submitter

Type: String

Length: 30 positions or less

Value: Assigned by Federal UPIN Registry

Example: B54321

Specifications: COBRA 85 required HCFA to establish a unique identifier for all physicians, as defined in 1861r of the Social Security Act, under Title XVIII. Because there was no legal authority to use the Social Security Number, HCFA created the UPIN, a six-place alpha/numeric identifier.
As of January 1, 1992, physicians are required to code the UPIN of the referring or ordering physician on the HCFA-1500.

Edits: 2053-011 Must be in a valid UPIN format or blank.

PHYSICIAN IDENTIFICATION NUMBER

Subset Number:	2055
Subset Name:	EIN
Definition:	Employer's Identification Number. A number that uniquely identifies an organization to the Federal Internal Revenue Service.
Requirement:	Required if information exists.

Source: Data submitter

Type: String

Length: 80 positions or less

Value: 571234568

Example: N/A

Specifications: This number is the IRS Employer ID Number of a physician's employer. It is also known as the Federal Tax ID number.
If a physician is self-employed, this field should be the same as the practice group's EIN (No. 2021).

Do not include any punctuation in this field, e.g., no hyphen.

Edits: 2055-011 Must be in a valid EIN format or blank.

PHYSICIAN MAILING ADDRESS

Subset Number:	2061
Subset Name:	Street address 1
Definition:	A single data element typically composed of the following components; primary number, Pre-Directional, Street Name, Street Suffix, Post-Directional, Secondary Unit Indicator.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 55 positions or less

Value: N/A

Example: "123 MAIN STREET" is coded if the mailing address of the physician is 123 Main Street.

Specifications: This element consists of the mailing address for business correspondence of the physician.

Edits:

2061-011	Must contain a street address.
2061-022	Requires a valid street address.

PHYSICIAN MAILING ADDRESS

Subset Number:	2062
Subset Name:	Street address 2
Definition:	A single data element typically composed of one of the following components: PO Box, Highway Contract Route, or Rural Route Number.
Requirement:	Required if information exists.

Source: Data submitter

Type: String

Length: 55 positions or less

Value: N/A

Example: "PO BOX 309" is coded if the mailing address of the physician is PO Box 309.

Specifications: This element consists of the mailing address for business correspondence of the physician.

Edits: 2062-012 Requires a valid street address or blank.

PHYSICIAN MAILING ADDRESS

Subset Number:	2063
Subset Name:	City name
Definition:	The name of the municipality associated with the local Post Office for this address location.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 52 positions or less

Value: N/A

Example: "MADISON" is coded when a service was performed in Madison, Wisconsin.

Specifications:

This element consists of the mailing address for business correspondence of the physician.

Edits:

2063-011	Must contain a city, town, or village name.
2063-022	Requires a valid city, town, or village name.

PHYSICIAN MAILING ADDRESS

Subset Number:	2065
Subset Name:	State code
Definition:	A code used to identify the 50 U.S. states as defined by the Federal Information Processing Standard for Codes for the Identification of the States, the District of Columbia and the Outlying Areas of the United States, and Associated Areas.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 2 positions

Value: N/A

Example: "WI" is coded if the physician's mailing address is Wisconsin.

Specifications: This element contains the postal code for the state of the physician's business correspondence mailing address.

Edits: 2065-011 Must be a valid state code.

PHYSICIAN MAILING ADDRESS

Subset Number:	2066
Subset Name:	ZIP code
Definition:	A code used to facilitate the delivery of mail.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 15 positions or less

Value: N/A

Example: "53575" is coded for the village of Oregon, Wisconsin.

Specifications: This element contains the mailing address for business correspondence of the physician.
BHIP will accept five- or nine-digit ZIP codes.

Do not include any punctuation in the ZIP code, e.g., no hyphen.

Edits: 2066-011 Must be a valid ZIP code.

PHYSICIAN'S PRACTICE GROUP AFFILIATION DATES

Subset Number:	2071
Subset Name:	Starting date of affiliation
Definition:	The date a physician formally joined the medical practice group.
Requirement:	Required if information exists

Source: Data submitter

Type: Date

Length: 8 positions

Value: CCYYMMDD (i.e., century, year, month, day)

Example: April 12, 1998 would be recorded as "19980412".

Specifications: The first time a submitter sends initial development records, it is possible that a physician's effective date of affiliation with that practice group is unknown. If the date is unknown a blank may be submitted.
A submitter should make every effort to obtain a physician's effective date of affiliation when a record is sent to add to the physician affiliation table.

The starting date of affiliation cannot occur later than the ending date of affiliation (No. 2072).

Edits:

2071-021	Must be a valid date in CCYYMMDD format or blank.
2071-042	Should not be before 1945.

PHYSICIAN'S PRACTICE GROUP AFFILIATION DATES

Subset Number:	2072
Subset Name:	Ending date of affiliation
Definition:	A date indicating a physician's disassociation from a medical practice group.
Requirement:	Required if information exists.

Source: Data submitter

Type: Date

Length: 8 positions

Value: CCYYMMDD (i.e., century, year, month, day)

Example: December 18, 2001 would be recorded as "20011218".

Specifications: It is possible that the ending date of affiliation is unknown because a physician is still working for a practice group. The submitter should leave this element blank.
The ending date of affiliation cannot be earlier than the starting date of affiliation.

Edits:

2072-021	Must be a valid date in CCYYMMDD format or blank.
2072-031	Must be after the starting date of affiliation (No. 2071)

DATA DELEGATION DATES

Subset Number:	2081
Subset Name:	Starting date of data delegation
Definition:	Date that a physician signed her/his trading partner agreement.
Requirement:	Required if information exists.

Source: Data submitter

Type: Date

Length: 8 positions

Value: CCYYMMDD (i.e., century, year, month, day)

Example: December 18, 2001 would be recorded as "20011218".

Specifications: The date that a physician signed her/his trading partner agreement to allow the data submitter to submit her/his POV service data.
The ending date of data delegation (No. 2082) cannot be earlier than the starting date of data delegation.

Must be reported to BHIP before any POV service records for this physician can be accepted.

Edits:

2081-021	Must be a valid date in CCYYMMDD format or blank.
2081-031	Must be after October 1, 2001.

DATA DELEGATION DATES

Subset Number:	2082
Subset Name:	Ending date of data delegation
Definition:	Date that a physician rescinded her/his trading partner agreement.
Requirement:	Required if information exists.

Source: Data submitter

Type: Date

Length: 8 positions

Value: CCYYMMDD (i.e., century, year, month, day)

Example: December 18, 2001 would be recorded as "20011218".

Specifications: The date that a physician rescinded her/his trading partner agreement with this data submitter, ending the submitter-physician relationship.
The ending date of data delegation cannot be earlier than the starting date of data delegation.

Edits:

2082-021	Must be a valid date in CCYYMMDD format or blank.
2082-041	Must be after the starting date of data delegation (No. 2081).

AFFIRMATION DELEGATION DATES

Subset Number:	2091
Subset Name:	Starting date of affirmation delegation
Definition:	Date that a physician delegates her/his affirmation process to a third party.
Requirement:	Required if information exists.

Source: Data submitter

Type: Date

Length: 8 positions

Value: CCYYMMDD (i.e., century, year, month, day)

Example: December 18, 2001 would be recorded as "20011218".

Specifications: The date that a physician delegates her/his affirmation process to a third party.
The ending date of affirmation delegation (No. 2092) cannot be earlier than the starting date of affirmation delegation.

Edits:

2091-021	Must be a valid date in CCYYMMDD format or blank.

AFFIRMATION DELEGATION DATES

Subset Number:	2092
Subset Name:	Ending date of affirmation delegation
Definition:	Date that the affirmation delegation is terminated.
Requirement:	Required if information exists.

Source: Data submitter

Type: Date

Length: 8 positions

Value: CCYYMMDD (i.e., century, year, month, day)

Example: December 18, 2001 would be recorded as "20011218".

Specifications: The date that the affirmation delegation to this data submitter is terminated. The ending date of affirmation delegation cannot be earlier than the starting date of affirmation delegation (No. 2091).

Edits:

2092-021	Must be a valid date in CCYYMMDD format or blank.
2092-041	Must be after the starting date of affirmation delegation (No. 2091).

APPENDIX E
POV Service Data Specifications and Edits

POV Service data describe the services delivered by licensed physicians, practicing in Wisconsin, in an outpatient office setting. They are the core data required by the Physician Office Visit data system. This appendix contains detailed specifications for each data element.

E.1 Data Information

A reportable physician office visit service is a procedure or service performed by a Wisconsin-licensed physician in an outpatient office setting in Wisconsin. Reportable procedures or services are performed by physicians who hold one of two license types as issued by the Wisconsin Department of Regulation and licensing:

Doctor of Medicine (type 020)
Doctor of Osteopathy (type 021)

Outpatient office settings include, but are not limited to, place of service codes as defined by the Centers for Medicare and Medicaid Services. For details about valid POV Place of Service codes, see **Place of Service**, Appendix E; Subset 5060.

The *POV Service* records to be submitted for each reporting period are those reportable physician office visit services for which the **"posting date"** plus 60 calendar days falls within the reporting period. See Section 1.3 for an explanation of posting plus 60 calendar days.

Each *POV Service* record reports one charge for one procedure or service performed by a physician. If multiple procedures are performed by a physician on one patient on the same day, then a *POV Service* record **for each** charge/service/procedure should be created and transmitted.

Multiple *POV Service* records may be submitted in a file. All of the *POV Service* records must start with the beginning of record indicator "POV". No AFF records may be included in a file with *POV Service* records.

E.2 Record Layout

The required elements in a *POV Service* record are listed below by order of appearance in the record. The list contains the basic information for an element field: name, type, length, and edit number.

Every element field has a unique reference number for identification and editing purposes. The edit number for an element field is organized by the nature of the element and reflects its relationship with patient, payer, and health care service categories. The first digit of an edit number in a *POV Service* record is 3, 4, or 5, to indicate it applies to a field within the *POV Service* record. An edit number starting with "3" indicates that the element field contains record

or patient information. An edit number starting with "4" indicates that the element field contains payer data. An edit number starting with "5" indicates that the element field contains service information.

The layout and components of the *POV Service* record is listed as follows:

Element/Subset Name	Order	Type	Length	Edit No.	Required
Beginning of record indicator	1	Record	3	3000	●
Record sequence number	2	Numeric	≤12	3005	●
Transaction type identifier	3	String	1	3006	●
Record identification number	4	String	≤35	3007	●
Encrypted case identifier	5	String	5	3010	●
Patient control or account number	6	String	≤38	3020	●
Medical record or chart number	7	String	≤30	3030	●
Prior authorization number	8	String	≤30	3040	○
Patient's birth date	9	Date	8	3050	●
Patient's gender	10	String	1	3060	●
Patient ZIP code	11	String	≤15	3070	●
Patient condition related to employment, auto accident, or other accident					
Condition Related Cause 1	12	String	≤3	3081	○
Condition Related Cause 2	13	String	≤3	3082	○
Condition Related Cause 3	14	String	≤3	3083	○
Whether a patient is pregnant	15	String	1	3090	○
Date of current illness, injury, or pregnancy					
Onset of current symptom/illness	16	Date	8	3105	○
Date of accident	17	Date	8	3110	+
Date of last menstrual period	18	Date	8	3115	+
The first date of illness, if patient has had same or similar illness	19	Date	8	3130	
Primary payer category code	20	String	2	4010	●
Secondary payer category code	21	String	2	4020	○
Name of referring physician					
Last name	22	String	≤35	4031	○[1]
First name	23	String	≤25	4032	○
Middle name	24	String	≤25	4033	○
Suffix	25	String	≤10	4035	○

(Continued…)

POV Service Record Layout: Continued

Element/Subset Name	Order	Type	Length	Edit No.	Required
Identification number of referring physician					
NPI	26	String	≤80	4051	○[2]
EIN	27	String	≤80	4052	○[2]
UPIN	28	String	≤30	4053	○[2]
Whether tests were sent to an outside lab	29	String	≤3	5010	○
Outside lab charges	30	Numeric	≤18	5020	+
Diagnosis or nature of illness or injury					
Diagnosis 1 (Principal)	31	String	≤30	5031	●
Diagnosis 2	32	String	≤30	5032	○
Diagnosis 3	33	String	≤30	5033	○
Diagnosis 4	34	String	≤30	5034	○
Diagnosis 5	35	String	≤30	5035	○
Diagnosis 6	36	String	≤30	5036	○
Diagnosis 7	37	String	≤30	5037	○
Diagnosis 8	38	String	≤30	5038	○
Date of service	39	Date	≤35	5050	●
Place of service	40	String	2	5060	●
Codes for procedure, services, or supplies/type of service	41	String	≤48	5070	●
Modifiers					
Modifier 1	42	String	2	5091	○
Modifier 2	43	String	2	5092	○
Modifier 3	44	String	2	5093	○
Modifier 4	45	String	2	5094	○
Charges	46	Numeric	≤18	5110	●
Days or units					
Measurement basis code	47	String	2	5131	●
Quantity	48	Numeric	≤15	5132	●
Whether the provider accepts assignment					
Assignment in general	49	String	1	5151	●
Medicare assignment	50	String	1	5152	○
Total charge in a claim	51	Numeric	≤18	5170	●
Name of facility where services were rendered					

(Continued…)

POV Service Record Layout: Continued

Element/Subset Name	Order	Type	Length	Edit No.	Required
Facility identifier	52	String	≤3	5181	●
Facility name	53	String	≤95	5182	●
Address of facility where services were rendered					
Street address 1	54	String	≤55	5191	●[3]
Street address 2	55	String	≤55	5192	○[4]
City name	56	String	≤52	5193	●
State code	57	String	2	5194	●
ZIP code	58	String	≤15	5195	●
Physician's and supplier's billing name					
Individual/organization indicator	59	String		5210	●
Last name/organization name	60	String	≤95	5211	●[1]
First name	61	String	≤25	5212	○
Middle name	62	String	≤25	5213	○
Suffix	63	String	≤10	5215	○
Physician's and supplier's billing address					
Street address 1	64	String	≤55	5231	●[3]
Street address 2	65	String	≤55	5232	○[4]
City name	66	String	≤52	5233	●
State code	67	String	2	5234	●
ZIP code	68	String	≤15	5235	●
Physician's and supplier's billing identification number					
NPI	69	String	≤80	5251	+[2]
EIN	70	String	≤80	5252	●[2]
UPIN	71	String	≤30	5253	+[2]
Performing physician's name					
Last name	72	String	≤35	5301	●[1]
First name	73	String	≤25	5302	○
Middle name	74	String	≤25	5303	○
Suffix	75	String	≤10	5305	○

(Continued…)

POV Service Record Layout: Continued

Element/Subset Name	Order	Type	Length	Edit No.	Required
Performing physician's identification number					
Wisconsin physician license number	76	String	≤30	5311	●
NPI	77	String	≤80	5312	●[2]
EIN	78	String	≤80	5315	○[2]
Performing physician's employer identification					
Organization Name	79	String	≤95	5321	●
EIN	80	String	≤80	5322	●[2]

● Mandatory
○ Required if information exists
+ Conditional
[1] The complete name is required, in separate fields. If the physician does not use middle name and suffix, the middle name field and the suffix field may be left blank.
[2] NPI, UPIN, and EIN numbers must be provided if issued to the physician.
[3] A complete mailing address is required. Use street address 2 as necessary.
[4] If both P.O. Box number and street address are used, P.O. Box number must be placed in street address 2.

E.3 Data Element Specifications and Edits

The purpose of data element specifications is to clarify the characteristics and contents of data elements needed in the POV data collection. The data element specifications are organized by the order of elements that are present on a record. Each data element is defined in detail on a data element specification sheet. The format for the specification sheets is illustrated in the following example:

- Element Name: The name of the data element assigned within Chapter 153, Wisconsin Statutes. It is always listed at the top of the specification sheet.

- Subset Number: Every data element has a unique number for further identification and editing purposes. The first digit is always "3", "4", or "5" to indicate it applies to a field within the *POV Service* record.

- Subset Name: An extended identification for data elements that is assigned to a specific category. If an element does not have any subset involved, the subset name will be the same as the element name.

- Definition: A narrative statement or coding consideration that defines the nature of a corresponding data element.

- Requirement: Data element requirements are of three types:

  - Mandatory -- an element field is required.
  - Conditional -- if one element specified in the condition is present, then its conditional elements must be present.
  - Required if information exists -- an element needs to be present only if its information is available.

- Source: References and standards that are used for data collection. The X12N 837 Professional EDI standard (837004010x098) is used whenever possible.

- Type: The character feature of an element. The data element type includes:

  - Date: A date type is used to express the standard date with a CCYYMMDD format in which "CC" is century, "YY" is the calendar year, "MM" is the month, and "DD" is the day in the month.

  - Numeric: A numeric element consisting of one or more digits representing a value in the normal base of 10. The value may include a decimal point.

- String: A string data element can be one (stand-alone) character or a sequence of any characters. Left-justify character strings without leading spaces.
- Record: A string that is pre-defined for the identification of a record type. It is always the first field of a record.

- Length: The length of each data element. The value of the length is represented by the number of positions used. Each data element is assigned a pre-specified length, with a maximum length if necessary.
- Value: Code that is used for a data element as well as definitions corresponding to the code.
- Example: Whenever possible, data elements are illustrated by an example.
- Specification: More detailed information for the data element, such as sources, applicability, code setting, and so forth.
- Edit(s): Messages indicating the possibility of a field's violation concerning pre-specified data formats, coding, and values.

BEGINNING OF RECORD INDICATOR

Subset Number:	3000
Subset Name:	Beginning of record indicator
Definition:	Indication of the beginning of the POV Service record.
Requirement:	Mandatory

Source: Bureau of Health Information and Policy

Type: Record

Length: 3 positions

Value: "POV"

Example: "POV" would be coded for this field on the POV Service data record.

Specifications: This element must be "POV" to indicate the start of POV Service record. A POV record cannot be processed if the data delegation starting date (No. 2081) is unknown or invalid. In order to process the POV record, the submitter must supply a valid data delegation starting date (No. 2081) for the corresponding physician.

The date of service (No. 5050) of a POV record must occur before the data delegation ending date (No. 2082), when the data delegation starting date (No. 2081) is before the data delegation ending date (No. 2082) in the corresponding affiliation record.

Edits:

3000-011	Must be "POV".
3000-021	Must contain valid field delimiters for a POV record.
3000-031	Missing the end-of-record delimiter for a POV record.
3000-041	Cannot be updated or deleted because the POV record does not exist or is affirmed.
3000-051	Must contain a valid data delegation starting date (No. 2081) before the record can be processed.
3000-061	Must have a valid data delegation status at the time when the date of service (No. 5050) occurred.
3000-071	Must have a corresponding Affiliation (AFF) record before the POV record can be processed.
3000-081	Cannot be processed because the date of service (No. 5050) is not a valid date.
3000-091	Cannot be inserted because there is an existing POV record.

RECORD SEQUENCE NUMBER

Subset Number:	3005
Subset Name:	Record sequence number
Definition:	An integer that identifies the sequence of every record in the file.
Requirement:	Mandatory

Source: Data submitter

Type: Numeric

Length: 12 positions or less

Value: N/A

Example: "58" indicates that the record is the 58th POV Service record after the Submitter Transaction record.

Specifications: The record sequence number represents a count of records. The first *POV Service* record in a file will have sequence number "1" and so on.

Edits:

3005-021	Must be unique and in a continuous order.
3005-041	Must be a positive integer.

TRANSACTION TYPE IDENTIFIER

Subset Number:	3006
Subset Name:	Transaction type identifier
Definition:	A code submitted on every row identifying the row as add, update, or delete.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 1 position

Value:

CODE	DEFINITION
A	Add new POV Service record
U	Update
D	Delete

Example: N/A

Specifications: "A" should be coded on the initial submission.
"U" and "D" are coded on all re-submissions, as applicable.

Failure to include a valid identification in a re-submission will create additional data processing and editing burden for the submitter.

Edits: 3006-011 Must be a valid code.

RECORD IDENTIFICATION NUMBER

Subset Number:	3007
Subset Name:	Record identification number
Definition:	A unique identifier of each record in the file.
Requirement:	Mandatory

Source:	Data submitter
Type:	String
Length:	35 positions or less
Value:	N/A
Example:	N/A
Specifications:	A unique record identification number provided by the data submitter. The record identification number is designed to enable data submitters and BHIP to accurately retrieve and identify each individual record from both data submitters and the POV database. Failure to include a valid identification in a re-submission process will create an additional data processing and editing burden for the submitter.
Edits:	3007-011 Must be unique within the submitted file.

ENCRYPTED CASE IDENTIFIER

Subset Number:	3010
Subset Name:	Encrypted case identifier
Definition:	An encrypted code based on a patient's last name and initial of first name. It is designed to help protect the confidentiality of a patient.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 5 positions

Value: See below

Example: See below

Specifications: Character 1:
The first letter of the last name.

Character 2-4:

Characters 2, 3, and 4 are created by assigning numbers to each of the letters in the last name, beginning with the second letter. Numbers are assigned according to the table below. If the code for the third letter is the same as the second letter or results in a blank, the third letter is bypassed. This process continues until a number is produced which is different from the preceding number. If this process does not produce three non-zero numbers, then remaining positions are zero-filled. It is possible for a person's name to result in three zeros.

Encrypted Case Identifier Characters

Letters in Last Name	Number
B, F, P, Q, V	1
C, G, J, K, S, X, Z	2
D, T	3
L	4
M, N	5
R	6
A, E, H, I, O, U, W, Y	Blank

ENCRYPTED CASE IDENTIFIER
(*Continued*)

Character 5: The first letter of the first name.

Examples:

Mary Schwarzhoff:

"S" is the first letter of the last name
"chwarzhoff" yields "262" as the encrypted numbers.
"M" is the first letter of the first name
Result of encryption: "S262M"

Last Name	Number Assigned	Code
C	2	2
H	Blank	
W	Blank	
A	Blank	
R	6	6
Z	2	2
H	Blank	
O	Blank	
F	1	
F	1	

John Ross:

"R" is the first letter of the last name
"oss" yields "200" as the encrypted numbers.
"J" is the first letter of the first name
Result of encryption: "R200J"

Last Name	Number Assigned	Code
O	Blank	
S	2	2
S	2	

ENCRYPTED CASE IDENTIFIER
(*Continued*)

I. M. Sartori:

"S"is the first letter of the last name
"artori" yields "636" as the encrypted numbers.
"I" is the first letter of the first name
Result of encryption: "S636I"

Last Name	Number Assigned	Code
A	Blank	
R	6	6
T	3	3
O	Blank	
R	6	6
I	Blank	

Edits:

3010-011	Must contain 5 positions.
3010-021	The first position must be a letter.
3010-031	The last position must be a letter.
3010-041	The second, third, and fourth positions must be numeric.

PATIENT CONTROL/ACCOUNT NUMBER

Subset Number:	3020
Subset Name:	Patient control/account number
Definition:	Patient's unique number assigned by a facility to retrieve individual case records and to post payments.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:
Loop 2300 Segment CLM Ref. Des. CLM01; or,
Loop 2400 Segment REF Ref. Des. REF01.

Type: String

Length: 38 positions or less

Value: Assigned by health or medical service providers

Example: N/A

Specifications: Patient control/account number is often used when a facility needs a patient identifier in addition to the patient medical record number to retrieve billing or medical reports.
Patient control/account number is sometimes identical to patient medical record or chart number if a facility does not distinguish these numbers.

Edits: 3020-011 Must be a patient control/account number.

MEDICAL RECORD OR CHART NUMBER

Subset Number:	3030
Subset Name:	Medical record or chart number
Definition:	Number assigned to the patient's medical/health record by health/medical providers that uniquely identifies the patient or patient stay in a way that allows information to be linked to the medical chart.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:
Loop 2300 Segment REF Ref. Des. REF02; or,
Loop 2400 Segment REF Ref. Des. REF02.

Type: String

Length: 30 positions or less

Value: No specific value is assigned.

Example: XYZ123-456.789

Specifications: A patient's medical record or chart number may be the same as her/his control or account number.

Edits: 3030-011 Must be medical record or chart number.

PRIOR AUTHORIZATION NUMBER

Subset Number:	3040
Subset Name:	Prior authorization number
Definition:	A number or code authorized by a payer indicating the services provided on this claim.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
Loop 2300 Segment REF Ref. Des. REF02; or,
Loop 2400 Segment REF Ref. Des. REF02.

Type: String

Length: 30 positions or less

Value: Assigned by a medical service provider.

Example: N/A

Specifications: This number needs to be entered if required by the payer and prior approval has been obtained from the payer or the payer's agent.
If the value is not applicable in a service, a blank or null can be coded in this field.

The reference qualifier (REF01) must equal "G1" (see X12N 837 Professional EDI standard).

Edits: 3040-011 Must be a prior authorization number or blank.

PATIENT'S BIRTH DATE

Subset Number:	3050
Subset Name:	Patient's birth date
Definition:	The date on which the patient was born.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:
Loop 2010BA Segment DMG Ref. Des. DMG02 when the patient is the same as the subscriber; or,
Loop 2010CA Segment DMG Ref. Des. DMG02 when the patient is not the subscriber.

Type: Date

Length: 8 positions

Value: CCYYMMDD (i.e., century, year, month, day)
"UNKNOWN" if patient birth date is unknown

Example: July 11, 1969 would be recorded as "19690711".

Specifications: Year of birth must contain four digits (CCYY). If only an age is known, the year of birth must be estimated.
Use "UNKNOWN" only if birth date is not collected due to processing inapplicability in submitter's system. Please contact BHIP before using it.

Date of birth cannot be after the date of service or the end-of-period date.

The age of a patient is examined for consistency with diagnostic codes on the basis of the annotations to the ICD-9-CM codes.

Edits:

3050-021	Must be a valid date in CCYYMMDD format or UNKNOWN.
3050-041	Must be before the date of service (No. 5050).
3050-062	Should be after 1895.
3050-071	Must be before the end-of-period date for the current reporting period.

PATIENT'S GENDER

Subset Number:	3060
Subset Name:	Patient's gender
Definition:	A code that indicates the gender or sex of the patient.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:
Loop 2010BA Segment DMG Ref. Des. DMG03 when the patient is the same as the subscriber; or,
Loop 2010CA Segment DMG Ref. Des. DMG03 when the patient is not the subscriber.

Type: String

Length: 1 position

Value:

Code	Definition
M	Male
F	Female
U	Unknown

Example: This element is coded as "F" when the patient is female.

Specifications: Whenever the diagnosis or procedure is gender-specific, the gender code must be consistent with the annotations to the diagnostic and procedure codes.

Edits: 3060-011 Must be a valid code.

PATIENT'S ZIP CODE

Subset Number:	3070
Subset Name:	Patient's ZIP code
Definition:	A code used to facilitate the delivery of mail for the address of the patient's residence.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:
Loop 2010BA Segment N4 Ref. Des. N403 if the patient is the same as the subscriber; otherwise,
Loop 2010CA Segment N4 Ref. Des. N403.

Type: String

Length: 15 positions or less

Value: N/A

Example: "53575" is coded for the village of Oregon, Wisconsin.

Specifications: This element has a field length of five digits, or nine digits if extended ZIP code is used.
The field should be zero-filled for persons with a residence outside the U.S.

For unknown ZIP codes, such as for patients with no known address, the field must contain the ZIP code of the clinic in which the patient was treated.

Do **not** include any punctuation in the ZIP code, e.g. no hyphen.

Edits: 3070-021 Must be valid ZIP code.

PATIENT CONDITION RELATED TO EMPLOYMENT, AUTO ACCIDENT, OR OTHER ACCIDENT

Subset Number:	3081
Subset Name:	Condition related cause 1
Definition:	Indicates whether the patient alleges that his/her medical condition is due to the environment or events resulting from employment, the result of an auto accident, and/or the result of other accident.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
Loop 2300 Segment CLM Ref. Des. CLM11-1.

Type: String

Length: 3 positions or less

Value:

Code	Definition
EM	Employment
AA	Auto Accident
OA	Other Accident

Example: "AA" is coded when a patient is injured in an auto accident.

Specifications: This element should contain one of the above codes identifying if the patient condition is related to employment, auto accident or other accident.
If more than one code applies, then additional codes should be submitted in the next two fields (i.e., element numbers 3082 and 3083).

Edits:

3081-011	Must be a valid code or blank.
3081-031	If this element is equal to "EM", "AA", or "OA" then the date of accident (No. 3110) must not be blank.

PATIENT CONDITION RELATED TO EMPLOYMENT, AUTO ACCIDENT, OR OTHER ACCIDENT

Subset Number:	3082
Subset Name:	Condition related cause 2
Definition:	Indicates whether the patient alleges that his/her medical condition is due to the environment or events resulting from employment, the result of an auto accident, and/or the result of other accident.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
Loop 2300 Segment CLM Ref. Des. CLM11-2.

Type: String

Length: 3 positions or less

Value:

Code	Definition
EM	Employment
AA	Auto Accident
OA	Other Accident

Example: "AA" is coded when a patient is injured in an auto accident.

Specifications: This element should contain one of the above codes identifying if the patient condition is related to employment, auto accident or other accident.

Edits:

3082-011	Must be a valid code or blank.
3082-031	If this element contains a valid code, Condition Related Cause 1 (No. 3081) must have a valid code.
3082-041	If this element is equal to "EM", "AA", or "OA" then the date of accident (No. 3110) must not be blank.

PATIENT CONDITION RELATED TO EMPLOYMENT, AUTO ACCIDENT, OR OTHER ACCIDENT

Subset Number:	3083
Subset Name:	Condition related cause 3
Definition:	Indicates whether the patient alleges that his/her medical condition is due to the environment or events resulting from employment, the result of an auto accident, and/or the result of other accident.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
Loop 2300 Segment CLM Ref. Des. CLM11-3.

Type: String

Length: 3 positions or less

Value:

Code	Definition
EM	Employment
AA	Auto Accident
OA	Other Accident

Example: "AA" is coded when a patient is injured in an auto accident.

Specifications: This element should contain one of the above codes identifying if the patient condition is related to employment, auto accident or other accident.

Edits:

3083-011	Must be a valid code or blank.
3083-031	If this element contains a valid code, Condition Related Cause 1 (No. 3081) or Cause 2 (No. 3082) must have a valid code.
3083-041	If this element is equal to "EM", "AA", or "OA" then the date of accident (No. 3110) must not be blank.

WHETHER A PATIENT IS PREGNANT

Subset Number:	3090
Subset Name:	Whether a patient is pregnant
Definition:	Indicates whether a patient is pregnant or not.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*.
Loop 2000C Segment PAT Ref. Des. PAT09

Type: String

Length: 1 position

Value:

Code	Definition
Y	Yes, the patient is pregnant
N	No, this patient is not pregnant

Example: "Y" is coded when a patient is pregnant.

Specifications: If this field is coded as "Y", the patient has to be female.

Edits:

3090-011	Must be a valid code or blank.
3090-021	If this element is equal to "Y", then patient's gender (No. 3060) must equal "F".
3090-031	If this element is equal to "Y", then date of pregnancy or last menstrual period (No. 3115) must not be blank.

DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY

Subset Number:	3105
Subset Name:	Date of onset of current symptom/illness
Definition:	The date the current symptom/illness first started.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
Loop 2300 Segment DTP Ref. Des. DTP03; or,
Loop 2400 Segment DTP Ref. Des. DTP03.

Type: Date

Length: 8 positions

Value: CCYYMMDD (i.e., century, year, month, day)

Example: December 15, 1984 would be recorded as "19841215".

Specifications: Date of current illness must be a valid date and cannot be after the procedure, date of service, or end-of-period date.

Edits:

3105-021	Must be a valid date in CCYYMMDD format or blank.
3105-041	Must be after the patient's birth date (No.3050).
3105-051	Must be before the date of service (No. 5050).
3105-071	Must be before the end-of-period date for the current reporting period.

DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY

Subset Number:	3110
Subset Name:	Date of accident
Definition:	The date the accident/injury occurred.
Requirement:	Conditional

Source: *X12N 837 004010x098*:
Loop 2300 Segment DTP Ref. Des. DTP03; or,
Loop 2400 Segment DTP Ref. Des. DTP03.

Type: Date

Length: 8 positions

Value: CCYYMMDD

Example: July 11, 2001 would be recorded as "20010711".

Specifications: Date of injury must be a valid date and cannot be after the procedure, date of service, or end-of-period date.

Edits:.

3110-021	Must be a valid date in CCYYMMDD format or blank.
3110-041	Must be after the patient's birth date (No. 3050).
3110-051	Must be before the date of service (No. 5050).
3110-071	If this element is not blank, one of the patient condition causes (No. 3081, 3082, or 3083) must be "AA", "OA", or "EM".
3110-081	Must be before the end-of-period date for the current reporting period.

DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY

Subset Number:	3115
Subset Name:	Date of pregnancy or last menstrual period
Definition:	The date patient's pregnancy began or date of last menstrual period.
Requirement:	Conditional

Source: *X12N 837 004010x098*.
Loop 2300 Segment DTP Ref. Des. DTP03; or,
Loop 2400 Segment DTP Ref. Des. DTP03.

Type: Date

Length: 8 positions

Value: CCYYMMDD

Example: August 15, 2001 would be recorded as "20010815".

Specifications: Date of pregnancy must be a valid date and cannot be after the procedure, date of service, or end-of-period date.

Edits:

3115-021	Must be a valid date in CCYYMMDD format or blank.
3115-041	Must be after the patient's birth date (No.3050).
3115-051	Must be before the date of service (No. 5050).
3115-061	Must not be blank if the patient is pregnant (i.e., No. 3090 is equal to "Y").
3115-071	Must be before the end-of-period date for the current reporting period.
3115-081	The date must not be after the file creation date (No. 1013).

FIRST DATE OF ILLNESS, IF PATIENT HAS SAME OR SIMILAR ILLNESS

Subset Number:	3130
Subset Name:	First date of illness, if patient has same or similar illness
Definition:	The first date that the patient experienced symptoms similar or identical to those for which services submitted for this charge were rendered.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
Loop 2300 Segment DTP Ref. Des. DTP03; or,
Loop 2400 Segment DTP Ref. Des. DTP03.

Type: Date

Length: 8 positions

Value: CCYYMMDD (i.e., century, year, month, day)

Example: October 23, 1997 would be recorded as "19971023".

Specifications: First date of illness or similar symptom must be a valid date and cannot be after the procedure, date of service, or end-of-period date.

Edits:

3130-021	Must be a valid date in CCYYMMDD format or blank.
3130-041	Must be after the patient's birth date (No. 3050).
3130-051	Must be before the date of service (No. 5050).
3130-061	Must not be after the end-of-period date for the current reporting period.

PRIMARY PAYER CATEGORY CODE

Subset Number:	4010
Subset Name:	Primary payer category code
Definition:	Indicates the payer(s)' involvement with and/or liability for this claim.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:
Loop 2000B Segment SBR Ref. Des. SBR09; or,
Loop 2320 Segment SBR Ref. Des. SBR09.

Type: String

Length: 2 positions or less

Value:

Code	Definition
09	Self-pay
10	Central Certification
11	Other Non-Federal Programs
12	Preferred Provider Organization (PPO)
13	Point of Service (POS)
14	Exclusive Provider Organization (EPO)
15	Indemnity Insurance
16	Health Maintenance Organization (HMO) Medicare Risk
AM	Automobile Medical
BL	Blue Cross/Blue Shield
CH	Tricare/CHAMPUS
CI	Commercial Insurance Company
DS	Disability
HM	Health Maintenance Organization
LI	Liability
LM	Liability Medical
MB	Medicare Part B
MC	Medicaid
OF	Other Federal Program
TV	Title V
VA	Veterans Administration Plan
WC	Worker's Compensation Health Claim
ZZ	Mutually Defined; Unknown

Example: "CI" is coded when primary payer category is a commercial insurance company.

PRIMARY PAYER CATEGORY CODE
(*Continued*)

Specifications: This element identifies the type of the claim submitted.

Edits: 4010-011 Must be a valid code.

SECONDARY PAYER CATEGORY CODE

Subset Number:	4020
Subset Name:	Secondary payer category code
Definition:	Indicates the payer(s)' involvement with and/or liability for this claim.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
Loop 2000B Segment SBR Ref. Des. SBR09; or,
Loop 2320 Segment SBR Ref. Des. SBR09.

Type: String

Length: 2 positions or less

Value:

Code	Definition
09	Self-pay
10	Central Certification
11	Other Non-Federal Programs
12	Preferred Provider Organization (PPO)
13	Point of Service (POS)
14	Exclusive Provider Organization (EPO)
15	Indemnity Insurance
16	Health Maintenance Organization (HMO) Medicare Risk
AM	Automobile Medical
BL	Blue Cross/Blue Shield
CH	Tricare/CHAMPUS
CI	Commercial Insurance Company
DS	Disability
HM	Health Maintenance Organization
LI	Liability
LM	Liability Medical
MB	Medicare Part B
MC	Medicaid
OF	Other Federal Program
TV	Title V
VA	Veterans Administration Plan
WC	Worker's Compensation Health Claim
ZZ	Mutually Defined; Unknown

Example: "MB" is coded when primary payer category is Medicare Part B.

Specifications: This element identifies the type of the claim submitted.

SECONDARY PAYER CATEGORY CODE

(*Continued*)

Edits:	4020-011	Must be a valid code.
	4020-031	If this element is not blank, then the primary payer category code (No. 4010) must not be blank.

NAME OF REFERRING PHYSICIAN

Subset Number:	4031
Subset Name:	Last Name
Definition:	The last name or surname of the referring physician.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
Loop 2310A Segment NM1 Ref. Des. NM103; or,
Loop 2420F Segment NM1 Ref. Des. NM103 if 2310A NM103 does not exist.

Type: String

Length: 35 positions or less

Value: No specific value is assigned

Example: "BEETHOVEN" is coded if the physician's last name is Beethoven.

Specifications: Last name is to be provided for each referring physician.
Valid characters are letters, apostrophes, hyphens, or spaces.

Edits: 4031-011 Must be in a valid last name format or blank.

NAME OF REFERRING PHYSICIAN

Subset Number:	4032
Subset Name:	First Name
Definition:	The first name or given name used by the referring physician.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
Loop 2310A Segment NM1 Ref. Des. NM104; or,
Loop 2420F Segment NM1 Ref. Des. NM104 if 2310A NM104 does not exist.

Type: String

Length: 25 positions or less

Value: No specific value is assigned

Example: "LAURA" is coded if the physician's first name is Laura.

Specifications: First name is to be provided for each referring physician.
Valid characters are letters, apostrophes, hyphens, or spaces.

Edits: 4032-011 Must be in a valid first name format or blank.

NAME OF REFERRING PHYSICIAN

Subset Number:	4033
Subset Name:	Middle Name
Definition:	The middle name is an additional name other than the first name and surname used by the referring physician.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
Loop 2310A Segment NM1 Ref. Des. NM105; or,
Loop 2420F Segment NM1 Ref. Des. NM105 if 2310A NM105 does not exist.

Type: String

Length: 25 positions or less

Value: No specific value is assigned

Example: "JEAN" is coded if the referring physician's middle name is Jean.

Specifications: Middle name is to be provided for each referring physician, where applicable.
Valid characters are letters, apostrophes, hyphens, or spaces.

Edits: 4033-011 Must be in a valid middle name format or blank.

NAME OF REFERRING PHYSICIAN

Subset Number:	4035
Subset Name:	Suffix
Definition:	The suffix is additional descriptive information applied to the entire name and appended to the last name of the referring physician.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
Loop 2310A Segment NM1 Ref. Des. NM107; or,
Loop 2420F Segment NM1 Ref. Des. NM107 if 2310A NM107 does not exist.

Type: String

Length: 10 positions or less

Value: No specific value is assigned

Example: "JR" is coded if the referring physician is a Junior.

Specifications: Suffix is to be provided for each referring physician, where applicable. Do not submit credentials in this field (e.g., MD, DR, Ph.D.).

Edits: N/A

IDENTIFICATION NUMBER OF REFERRING PHYSICIAN

Subset Number: 4051

Subset Name: NPI

Definition: National Provider Identifier. A unique identification number for health care providers that will be used by all health plans.

Requirement: Required if information exists.

Source: *X12N 837 004010x098*:
Loop 2310A Segment NM1 Ref. Des. NM109; or,
Loop 2420F Segment NM1 Ref. Des. NM109 if 2310A NM109 does not exist.

Type: String

Length: 80 positions or less

Value: Issued by the National Plan and Provider Enumeration System (NPPES)

Example: N/A

Specifications: A unique NPI will be assigned to each physician.
The NPI is a 10-position alphanumeric identifier. The tenth position is an International Standards Organization-approved check-digit, which will allow a calculation to detect keying or submission errors.

The use of NPI will be fully implemented under HIPAA, and mandatory for POV data collection as of 5/23/2007. Assignment of NPI numbers began July 2005, and may be submitted to the POV system as physicians receive their NPI assignment.

If an NPI has not been assigned please submit a surrogate NPI. Examples of surrogate NPIs are listed below:

8-position	10-position	Description
RES00000	RES0000000	Code for interns and residents.
RET00000	RET0000000	Code for retired physicians.
VAD00000	VAD0000000	Code for physicians serving the Department of Veterans Affairs or the U.S. Armed Services.
PHS00000	PHS0000000	Code for physicians serving Public Health or Indian Health services.
OTH00000	OTH0000000	Code for physicians who do not meet any of the above criteria.

If you need additional information on the source for NPIs, please visit: https://nppes.cms.hhs.gov

Edits: 4051-011 Must be in a valid NPI format or blank.

IDENTIFICATION NUMBER OF REFERRING PHYSICIAN

Subset Number:	4052
Subset Name:	EIN
Definition:	A number that uniquely identifies an Organization to the Federal Internal Revenue Services.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
Loop 2310A Segment NM1 Ref. Des. NM109; or,
Loop 2420F Segment NM1 Ref. Des. NM109 if 2310A NM109 does not exist.

Type: String

Length: 80 positions or less

Value: Assigned by a provider's employer

Example: N/A

Specifications: This number should be identical to the IRS Employer ID Number of a physician's employer. It is also known as Federal Tax ID number.
If a physician is self-employed, the group practice number should be her/his Federal Tax ID number.

Do not include any punctuation in this field, e.g., a hyphen.

Edits: 4052-011 Must be in a valid EIN format or blank.

IDENTIFICATION NUMBER OF REFERRING PHYSICIAN

Subset Number:	4053
Subset Name:	UPIN
Definition:	Unique Physician Identification Number. A number assigned by the Centers for Medicare and Medicaid Services.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
Loop 2310A Segment REF Ref. Des. REF02; or,
Loop 2420F Segment REF Ref. Des. REF02 if 2310A REF02 does not exist.

Type: String

Length: 30 positions or less

Value: Issued by the UPIN Federal Registry

Example: N/A

Specifications: COBRA 85 required HCFA to establish a unique identifier for all physicians, as defined in 1861r of the Social Security Act, paid under Title XVIII. Because there was no legal authority to use the Social Security Number, HCFA created the UPIN, a six-place alpha/numeric identifier.

As of January 1, 1992, physicians are required to code the UPIN of the referring or ordering physician on the HCFA-1500.

Edits: 4053-011 Must be in a valid UPIN format or blank.

WHETHER TESTS WERE SENT TO AN OUTSIDE LAB

Subset Number:	5010
Subset Name:	Whether tests were sent to an outside lab
Definition:	A code to indicate whether or not the laboratory work was performed outside the provider's office.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
Loop 2310D Segment NM1 Ref. Des. NM101; or,
Loop 2300 Segment CLM Ref. Des. CLM05-1; or,
Loop 2400 Segment SV1 Ref. Des. SV105; or,
Loop 2330G Segment NM1 Ref. Des. NM101; or,
Loop 2310C Segment NM1 Ref. Des. NM101; or,
Loop 2300 Segment AMT Ref. Des. AMT02; or
Loop 2400 Segment PS1 Ref. Des. PS102.

Type: String

Length: 3 positions or less

Value:

Code	Definition
LI	Yes, tests were sent to an independent lab
TL	Yes, tests were sent to an outside lab
81	Yes, tests were sent to an independent lab

Example: N/A

Specifications: This field can be blank or null if there were no lab tests involved in the service.

Edits:

5010-011	Must be a valid code or blank.
5010-021	Must not be blank if outside lab charge (No. 5020) is not blank.

OUTSIDE LAB CHARGE

Subset Number:	5020
Subset Name:	Outside lab charge
Definition:	The charge amount from an outside lab if tests were performed outside the provider's office.
Requirement:	Conditional

Source: *X12N 837 004010x098*:
Loop 2300 Segment AMT Ref. Des. AMT02; or,
Loop 2400 Segment PS1 Ref. Des. PS102.

Type: Numeric

Length: 18 positions or less

Value: N/A

Example: "123.45" is coded when the charge is 123 dollars and 45 cents.

Specifications: This field can be blank or null if there were no lab tests involved in the service.
The charge amount submitted should have two decimal places when the charge was not an even dollar amount.

Decimal places after the second-decimal position will be removed when the charge is loaded into the POV service table.

Edits:

5020-011	Must be a positive numerical value.
5020-021	If whether tests were sent to an outside lab (No. 3010) is either "LI", "TL", or "81", this element must not be blank.
5020-031	Must include two numbers after the decimal if the charge is not an even dollar amount.
5020-042	The amount of charge should not exceed $10,000.

DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

Subset Number:	5031
Subset Name:	Diagnosis 1 (Principal)
Definition:	Principal diagnosis code used to identify a diagnosed medical condition based on the nature of a patient's illness or injury.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:
Loop 2300 Segment HI Ref. Des. HI01-2

Type: String

Length: 30 positions or less

Value: Diagnoses should be coded according to the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).

Example: See ICD-9-CM references (until ICD-10-CM is implemented)

Specifications: ICD-9-CM codes are composed of three-, four-, and five-digit codes. If they are present in the ICD-9-CM, they must be used or the code will be rejected as invalid.
When the principal diagnosis is gender or age specific, a patient's gender or age must be consistent with the ICD-9-CM code. Consistency is determined by the annotations to the ICD-9-CM code.

Do not include any punctuation (such as a period) in the diagnosis.

Edits:

5031-011	Must be a valid ICD-9-CM code.
5031-021	Must be consistent with a patient's gender (No. 3060).
5031-031	Must be consistent with a patient's age (No. 3050).

DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

Subset Number:	5032
Subset Name:	Diagnosis 2
Definition:	Additional diagnosis code used to identify a diagnosed medical condition based on the nature of a patient's illness or injury.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
Loop 2300 Segment HI Ref. Des. HI02-2

Type: String

Length: 30 positions or less

Value: Diagnoses should be coded according to the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).

Example: See ICD-9-CM references (until ICD-10-CM is implemented)

Specifications: ICD-9-CM codes are composed of three-, four-, and five-digit codes. If they are present in the ICD-9-CM, they must be used or the code will be rejected as invalid.
When the diagnosis is gender or age specific, a patient's gender or age must be consistent with the ICD-9-CM code. Consistency is determined by the annotations to the ICD-9-CM code.

Do not include any punctuation (such as a period) in the diagnosis.

Edits:

5032-011	Must be a valid ICD-9-CM code or blank.
5032-021	Must be consistent with a patient's gender (No. 3060).
5032-031	Must be consistent with a patient's age (No. 3050).

DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

Subset Number:	5033
Subset Name:	Diagnosis 3
Definition:	Additional diagnosis code used to identify a diagnosed medical condition based on the nature of a patient's illness or injury.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
Loop 2300 Segment HI Ref. Des. HI03-2

Type: String

Length: 30 positions or less

Value: Diagnoses should be coded according to the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).

Example: See ICD-9-CM references (until ICD-10-CM is implemented)

Specifications: ICD-9-CM codes are composed of three-, four-, and five-digit codes. If they are present in the ICD-9-CM, they must be used or the code will be rejected as invalid.
When the diagnosis is gender or age specific, a patient's gender or age must be consistent with the ICD-9-CM code. Consistency is determined by the annotations to the ICD-9-CM code.

Do not include any punctuation (such as a period) in the diagnosis.

Edits:

5033-011	Must be a valid ICD-9-CM code or blank.
5033-021	Must be consistent with a patient's gender (No. 3060).
5033-031	Must be consistent with a patient's age (No. 3050).

DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

Subset Number:	5034
Subset Name:	Diagnosis 4
Definition:	Additional diagnosis code used to identify a diagnosed medical condition based on the nature of a patient's illness or injury.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
Loop 2300 Segment HI Ref. Des. HI04-2

Type: String

Length: 30 positions or less

Value: Diagnoses should be coded according to the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).

Example: See ICD-9-CM references (until ICD-10-CM is implemented)

Specifications: ICD-9-CM codes are composed of three-, four-, and five-digit codes. If they are present in the ICD-9-CM, they must be used or the code will be rejected as invalid.
When the diagnosis is gender or age specific, a patient's gender or age must be consistent with the ICD-9-CM code. Consistency is determined by the annotations to the ICD-9-CM code.

Do not include any punctuation (such as a period) in the diagnosis.

Edits:

5034-011	Must be a valid ICD-9-CM code or blank.
5034-021	Must be consistent with a patient's gender (No. 3060).
5034-031	Must be consistent with a patient's age (No. 3050).

DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

Subset Number:	5035
Subset Name:	Diagnosis 5
Definition:	Additional diagnosis code used to identify a diagnosed medical condition based on the nature of a patient's illness or injury.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
Loop 2300 Segment HI Ref. Des. HI05-2

Type: String

Length: 30 positions or less

Value: Diagnoses should be coded according to the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).

Example: See ICD-9-CM references (until ICD-10-CM is implemented)

Specifications: ICD-9-CM codes are composed of three-, four-, and five-digit codes. If they are present in the ICD-9-CM, they must be used or the code will be rejected as invalid.
When the diagnosis is gender or age specific, a patient's gender or age must be consistent with the ICD-9-CM code. Consistency is determined by the annotations to the ICD-9-CM code.

Do not include any punctuation (such as a period) in the diagnosis.

Edits:

5035-011	Must be a valid ICD-9-CM code or blank.
5035-021	Must be consistent with a patient's gender (No. 3060).
5035-031	Must be consistent with a patient's age (No. 3050).

DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

Subset Number:	5036
Subset Name:	Diagnosis 6
Definition:	Additional diagnosis code used to identify a diagnosed medical condition based on the nature of a patient's illness or injury.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
Loop 2300 Segment HI Ref. Des. HI06-2

Type: String

Length: 30 positions or less

Value: Diagnoses should be coded according to the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).

Example: See ICD-9-CM references (until ICD-10-CM is implemented)

Specifications: ICD-9-CM codes are composed of three-, four-, and five-digit codes. If they are present in the ICD-9-CM, they must be used or the code will be rejected as invalid.
When the diagnosis is gender or age specific, a patient's gender or age must be consistent with the ICD-9-CM code. Consistency is determined by the annotations to the ICD-9-CM code.

Do not include any punctuation (such as a period) in the diagnosis.

Edits:

5036-011	Must be a valid ICD-9-CM code or blank.
5036-021	Must be consistent with a patient's gender (No. 3060).
5036-031	Must be consistent with a patient's age (No. 3050).

DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

Subset Number:	5037
Subset Name:	Diagnosis 7
Definition:	Additional diagnosis code used to identify a diagnosed medical condition based on the nature of a patient's illness or injury.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
Loop 2300 Segment HI Ref. Des. HI07-2

Type: String

Length: 30 positions or less

Value: Diagnoses should be coded according to the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).

Example: See ICD-9-CM references (until ICD-10-CM is implemented)

Specifications: ICD-9-CM codes are composed of three-, four-, and five-digit codes. If they are present in the ICD-9-CM, they must be used or the code will be rejected as invalid.
When the diagnosis is gender or age specific, a patient's gender or age must be consistent with the ICD-9-CM code. Consistency is determined by the annotations to the ICD-9-CM code.

Do not include any punctuation (such as a period) in the diagnosis.

Edits:

5037-011	Must be a valid ICD-9-CM code or blank.
5037-021	Must be consistent with a patient's gender (No. 3060).
5037-031	Must be consistent with a patient's age (No. 3050).

DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

Subset Number:	5038
Subset Name:	Diagnosis 8
Definition:	Additional diagnosis code used to identify a diagnosed medical condition based on the nature of a patient's illness or injury.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
Loop 2300 Segment HI Ref. Des. HI08-2

Type: String

Length: 30 positions or less

Value: Diagnoses should be coded according to the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).

Example: See ICD-9-CM references (until ICD-10-CM is implemented)

Specifications: ICD-9-CM codes are composed of three-, four-, and five-digit codes. If they are present in the ICD-9-CM, they must be used or the code will be rejected as invalid.
When the diagnosis is gender or age specific, a patient's gender or age must be consistent with the ICD-9-CM code. Consistency is determined by the annotations to the ICD-9-CM code.

Do not include any punctuation (such as a period) in the diagnosis.

Edits:

5038-011	Must be a valid ICD-9-CM code or blank.
5038-021	Must be consistent with a patient's gender (No. 3060).
5038-031	Must be consistent with a patient's age (No. 3050).

DATES OF SERVICE

Subset Number:	5050
Subset Name:	Dates of service
Definition:	Date the service was rendered.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:
Loop 2400 Segment DTP Ref. Des. DTP03

Type: Date

Length: 35 positions or less

Value: CCYYMMDD (if from and to dates are the same)
CCYYMMDD-CCYYMMDD (if from and to dates are different)

Example: 20040302

Specifications: If the date of service for a procedure spans more than one day, use a hyphen (-) to connect the beginning date and the ending date.

Edits:

5050-021	Must be a valid date in CCYYMMDD format or CCYYMMDD-CCYYMMDD format.
5050-031	Must be before the end-of-period date for the current reporting period.

PLACE OF SERVICE

Subset Number:	5060
Subset Name:	Place of service
Definition:	The type of setting where the service was rendered.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:
Loop 2400 Segment SV1 Ref. Des. SV105

Type: Numeric

Length: 2 positions

Value:

Code	Number
11	Office
15	Mobile Unit
20	Urgent Care Facility
22	Outpatient Hospital
25	Birthing Center
26	Military Treatment Facility
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
34	Hospice
49	Independent Clinic
50	Federally Qualified Health Center
53	Community Mental Health Center
54	Intermediate Care Facility/Mentally Retarded
55	Residential Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment Center
57	Non-Residential Substance Abuse Treatment Facility
60	Mass Immunization Center
62	Comprehensive Outpatient Rehabilitation Facility
65	End-Stage Renal Disease Treatment Facility
71	State or Local Public Health Clinic
72	Rural Health Clinic
81	Independent Laboratory
99	Other Unlisted Facility

Note: *If any other CMS Place of Service codes are used, an edit error message will appear on the "D" report. No service record will be rejected due to an invalid place of service code.*

Example: "11" is coded when the service was rendered at a doctor's office.

Specifications: Although there are more than 27 codes for different places of service based on X12N 837 004010x098 standards, the current data collection processes the 21 codes listed above.

Edits: 5060-011 Must be a valid code.

CODES FOR PROCEDURES, SERVICES, OR SUPPLIES / TYPE OF SERVICE

Subset Number:	5070
Subset Name:	Codes for procedures, services, or supplies / type of service
Definition:	Code describing a procedure performed for definitive treatment or to treat a complication rather than for diagnostic, exploratory, or therapeutic purposes.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:
Loop 2400 Segment SV1 Ref. Des. SV101-2

Type: String

Length: 48 positions or less

Value: Value is assigned based on the service performed by a physician according to CPT-4/HCPCS convention.

Example: 99231

Specifications: Do not include any punctuation (such as a period) in the procedure code.

Edits:

5070-011	Must be a valid CPT-4 or HCPCS code.
5070-031	Must be consistent with a patient's gender (No. 3060).
5070-041	Must be consistent with patient's age (No. 3050).

MODIFIERS

Subset Number:	5091
Subset Name:	Modifier – 1
Definition:	The first indication of special circumstances related to the performance of the service.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
Loop 2400 Segment SV1 Ref. Des. SV101-3

.

Type: String

Length: 2 positions

Value: Value is assigned based on the service performed by a physician.

Example: N/A

Specifications: These modifiers are for codes for procedures, services, or supplies. This code needs to be entered if required for proper adjudication of the service provided.

Edits:

5091-011	Must be a valid code or blank.
5091-021	Must not be blank if modifier - 2 through modifier – 4 (No. 5092-5094) are not blank.

MODIFIERS

Subset Number:	5092
Subset Name:	Modifier – 2
Definition:	The second indication providing additional information about the circumstances related to the performance of the service.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
Loop 2400 Segment SV1 Ref. Des. SV101-4

Type: String

Length: 2 positions

Value: Value is assigned based on the service performed by a physician.

Example: N/A

Specifications: These modifiers are for codes for procedures, services, or supplies. This code needs to be entered if required for proper adjudication of the service.

Edits:

5092-021	Must be a different value from that of the first modifier (No. 5091) or blank.
5092-031	Must not be blank if modifier – 3 through modifier – 4 (No. 5093 – 5094) are not blank**.**

MODIFIERS

Subset Number:	5093
Subset Name:	Modifier – 3
Definition:	The third indication providing additional information about the circumstances related to the performance of the service.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
Loop 2400 Segment SV1 Ref. Des. SV101-5

Type: String

Length: 2 positions

Value: Value is assigned based on the service performed by a physician.

Example: N/A

Specifications: These modifiers are for codes for procedures, services, or supplies. This code needs to be entered if required for proper adjudication of the service.

Edits:

5093-021	Must be a different value from that of the first two modifiers (No. 5091 and 5092) or blank.
5093-031	Must not be blank if modifier 4 (No. 5094) is not blank.

MODIFIERS

Subset Number:	5094
Subset Name:	Modifier – 4
Definition:	The fourth indication providing additional information about the circumstances related to the performance of the service.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
Loop 2400 Segment SV1 Ref. Des. SV101-6

Type: String

Length: 2 positions

Value: Value is assigned based on the service performed by a physician.

Example: N/A

Specifications: These modifiers are for codes for procedures, services, or supplies. This code needs to be entered if required for proper adjudication of the service.

Edits:

5094-021	Must have a different value from the first three modifiers (No. 5091, 5092, and 5093) or blank.

CHARGES

Subset Number:	5110
Subset Name:	Charges
Definition:	The amount of charge related to a particular procedure or service.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:
Loop 2400 Segment SV1 Ref. Des. SV102

Type: Numeric

Length: 18 positions or less

Value: N/A

Example: "123.45" is coded when a charge of $123.45 dollars is indicated.

Specifications: Two decimal places are required when the amount of charge is not an even dollar amount.
Decimals after the second decimal position will be removed when the charge is loaded into the POV service table.

Edits:

5110-011	Must be a positive numerical value.
5110-021	Must include two numbers after the decimal point if the number is not an even dollar amount.

DAYS OR UNITS

Subset Number:	5131
Subset Name:	Measurement basis code
Definition:	A code indicating the units in which a value is being expressed, or a manner in which a measurement has been taken.
Requirement:	Mandatory

Source: *X12N 837 004010x098*
Loop 2400 Segment SV1 Ref. Des. SV103

Type: String

Length: 2 positions

Value:

Code	Definition
F2	International Unit
MJ	Minutes
UN	Unit

Example: "UN" is coded when a measurement is based on the unit.

Specifications: N/A

Edits: 5131-011 Must be a valid code.

DAYS OR UNITS

Subset Number:	5132
Subset Name:	Quantity
Definition:	The estimated number of services for a procedure in days or units.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:
Loop 2400 Segment SV1 Ref. Des. SV104

Type: Numeric

Length: 15 positions or less

Value: N/A

Example: "12" is coded when the units of a service are equal to twelve.

Specifications: Numeric value rounded off to the nearest whole number.

Edits: 5132-011 Must be a positive numerical value.

WHETHER THE PROVIDER ACCEPTS ASSIGNMENT

Subset Number:	5151
Subset Name:	Assignment in general
Definition:	The indication of whether the health care provider accepts assignment.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:
Loop 2300 Segment CLM Ref. Des. CLM08.

Type: String

Length: 1 position

Value:

Code	Definition
Y	Yes, insured or authorized person authorizes benefits to be assigned to the provider.
N	No, benefits have not been assigned to the provider.

Example: "Y" is coded when the health care provider accepts assignment.

Specifications: N/A

Edits:

5151-011	Must be a valid code.

WHETHER THE PROVIDER ACCEPTS ASSIGNMENT

Subset Number:	5152
Subset Name:	Medicare assignment
Definition:	The indication of whether the health care provider accepts Medicare assignment.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
Loop 2300 Segment CLM Ref. Des. CLM07.

Type: String

Length: 1 position

Value:

Code	Definition
A	Assigned
B	Assignment Accepted on Clinical Lab Services Only
C	Not Assigned
P	Patient Refuses to Assign Benefits

Example: "B" is coded when the health care provider accepts Medicare assignment.

Specifications: N/A

Edits:

5152-011	Must be a valid code or blank.
5152-031	Must be blank if neither the primary payer category code (No. 4010) nor the secondary payer category code (No. 4020) is equal to "16" or "MB" (Medicare).
5152-041	Must not be blank if primary payer category code (No. 4010) is equal to "16" or "MB".
5152-051	Must not be blank if secondary payer category code (No. 4020) is equal to "16" or "MB".

TOTAL CHARGE

Subset Number:	5170
Subset Name:	Total charge
Definition:	The amount of total charge presented in one claim.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:
Loop 2300 Segment CLM Ref. Des. CLM02

Type: Numeric

Length: 18 positions or less

Value: N/A

Example: "543.21" is coded when a total charge of $543.21 dollars is present in a claim.

Specifications: Two decimal places are required when the amount of charge is not an even dollar amount.
Decimals after the second decimal position will be removed when the charge is loaded into the POV service table.

Edits:

5170-011	Must be a positive numerical value.
5170-021	Must include 2 numbers after the decimal if the number is not an even dollar amount.
5170-031	Must not be less than the service charge (No. 5110).

NAME OF FACILITY WHERE SERVICE WAS RENDERED

Subset Number:	5181
Subset Name:	Facility identifier
Definition:	The identification of the facility type.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:
Loop 2310D Segment NM1 Ref. Des. NM101; or,
Loop 2420C Segment NM1 Ref. Des. NM101

Type: String

Length: 3 positions or less

Value:

Code	Definition
77	Others
FA	Facility
LI	Independent Lab
TL	Testing Laboratory

Example: N/A

Specifications: This element identifies the type of facility and should contain a valid code.

Edits: 5181-021 Must be a valid code.

NAME OF FACILITY WHERE SERVICE WAS RENDERED

Subset Number:	5182
Subset Name:	Facility Name
Definition:	The legal or corporate name of the facility where the service was performed; used to identify or distinguish one business entity from another.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:
Loop 2310D Segment NM1 Ref. Des. NM103; or,
Loop 2420C Segment NM1 Ref. Des. NM103.

Type: String

Length: 95 positions or less

Value: N/A

Example: N/A

Specifications: This element contains the name of the facility where services were rendered.

Edits: 5182-011 Must not be blank.

ADDRESS OF FACILITY WHERE SERVICE WAS RENDERED

Subset Number:	5191
Subset Name:	Street address 1
Definition:	A single data element typically composed of the following components: primary number, Pre-Directional, Street Name, Street Suffix, Post-Directional, Secondary Unit Indicator.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:
Loop 2310D Segment N3 Ref. Des. N301; or,
Loop 2420C Segment N3 Ref. Des. N301.

Type: String

Length: 55 positions or less

Value: N/A

Example: "123 MAIN STREET" is coded when the street address of the facility where service was rendered is 123 Main Street.

Specifications: The purpose of this field is for the mailing address.
This field consists of the street address of the facility where service was rendered.

Edits:

5191-011	Must contain a street address.
5191-022	Requires a valid street address.

ADDRESS OF FACILITY WHERE SERVICE WAS RENDERED

Subset Number:	5192
Subset Name:	Street address 2
Definition:	A single data element typically composed of one of the following components: PO Box, Highway Contract Route, or Rural Route Number.
Requirement:	Required if information exists

Source: *X12N 837 004010x098*:
Loop 2310D Segment N3 Ref. Des. N302; or,
Loop 2420C Segment N3 Ref. Des. N302.

Type: String

Length: 55 positions or less

Value: N/A

Example: "PO BOX 309" is coded when the address of the facility where the service was performed is PO Box 309.

Specifications: The purpose of this field is for the mailing address.

Edits: 5192-012 Requires a valid address or blank.

ADDRESS OF FACILITY WHERE SERVICE WAS RENDERED

Subset Number:	5193
Subset Name:	City name
Definition:	The name of the municipality associated with the local post office for the address where the service was rendered.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:
Loop 2310D Segment N4 Ref. Des. N401; or,
Loop 2420C Segment N4 Ref. Des. N401.

Type: String

Length: 52 positions or less

Value: N/A

Example: "MADISON" is coded when a service was performed in Madison, Wisconsin.

Specifications: This element contains the city where the facility in which the service was rendered is located.

Edits:

5193-011	Must contain a city, town, or village name.
5193-022	Requires a valid city, town, or village name.

ADDRESS OF FACILITY WHERE SERVICE WAS RENDERED

Subset Number:	5194
Subset Name:	State code
Definition:	A code used to identify the 50 U.S. states as defined by the Federal Information Processing Standard for Codes for the Identification of the States, the District of Columbia and the Outlying Areas of the United States, and Associated Areas.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:
Loop 2310D Segment N4 Ref. Des. N402; or,
Loop 2420C Segment N4 Ref. Des. N402.

Type: String

Length: 2 positions

Value: WI

Example: "WI" is coded when a service was performed in Wisconsin.

Specifications: This element contains the state where the facility in which the service was rendered is located.

Edits: 5194-011 Must be "WI".

ADDRESS OF FACILITY WHERE SERVICE WAS RENDERED

Subset Number:	5195
Subset Name:	ZIP code
Definition:	A code used to facilitate the delivery of mail to the address where the service was rendered.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:
Loop 2310D Segment N4 Ref. Des. N403; or,
Loop 2420C Segment N4 Ref. Des. N403.

Type: Numeric

Length: 15 positions or less

Value: N/A

Example: "53575" is coded for the village of Oregon, Wisconsin.

Specifications: ZIP codes in the range of 53001 – 54999 are valid Wisconsin ZIP codes. Do not include any punctuation (such as a hyphen) in the ZIP code.

BHIP will accept five or nine digit ZIP codes.

Edits: 5195-011 Must be a valid Wisconsin ZIP code.

PHYSICIAN'S AND SUPPLIER'S BILLING NAME

Subset Number:	5210
Subset Name:	Individual/organization indicator
Definition:	Code qualifying the type of entity.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:
Loop 2010AA Segment NM1 Ref. Des. NM102.

Type: String

Length: 1 position

Value:

CODE	DEFINITION
1	Person
2	Non-person entity

Example: "1" is coded if the billing entity is a physician.

Specifications: This code is used to qualify (NM103) whether a physician or an organization is doing the billing.

Edits: 5210-011 Must be a valid code.

PHYSICIAN'S AND SUPPLIER'S BILLING NAME

Subset Number:	5211
Subset Name:	Last Name/Organization Name
Definition:	The last name or surname of the billing physician; or this may be the official legal or corporate name used to identify or distinguish one business entity from another.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:
Loop 2010AA Segment NM1 Ref. Des. NM103.

Type: String

Length: 95 positions or less

Value: No specific value is assigned

Example: "BEETHOVEN" is coded if the billing physician's last name is Beethoven.

Specifications: Last name is to be provided for each billing physician.
Valid characters are letters, apostrophes, hyphens, or spaces.

Edits:

5211-011	Must contain a valid billing name.
5211-021	Must be in a valid last name format if the Individual/Organization Indicator (No. 5210) is equal to "1".

PHYSICIAN'S AND SUPPLIER'S BILLING NAME

Subset Number:	5212
Subset Name:	First Name
Definition:	The first name is a given name used by the billing physician.
Requirement:	Required if information exists.

Source: X12N 837 004010x098:
Loop 2010AA Segment NM1 Ref. Des. NM104.

Type: String

Length: 25 positions or less

Value:

Example: "LAURA" is coded if the billing physician's first name is Laura.

Specifications: First name is to be provided for each billing physician.
Valid characters are letters, apostrophes, hyphens, or spaces.

Edits:

5212-021	Must be in a valid first name format or blank if the Individual/Organization Indicator (No. 5210) is equal to "1".
5212-031	Must be blank if the Individual/Organization Indicator (No. 5210) is equal to "2".

PHYSICIAN'S AND SUPPLIER'S BILLING NAME

Subset Number:	5213
Subset Name:	Middle Name
Definition:	The middle name is an additional name other than the first name and surname of the billing physician.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
Loop 2010AA Segment NM1 Ref. Des. NM104.

Type: String

Length: 25 positions or less

Value: No specific value is assigned

Example: "JEAN" is coded if the billing physician's middle name is Jean.

Specifications: Middle name is to be provided for each billing physician's name, where applicable.
Valid characters are letters, apostrophes, hyphens, or spaces.

Edits:

5213-021	Must be blank if the Individual/Organization Indicator (No. 5210) is equal to "2".
5213-031	Must be in a valid middle name format or blank if the Individual/Organization Indicator (No. 5210) is equal to "1".

PHYSICIAN'S AND SUPPLIER'S BILLING NAME

Subset Number:	5215
Subset Name:	Suffix
Definition:	The suffix is additional descriptive information applied to the entire name and appended to the last name of the billing physician or supplier.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
Loop 2010AA Segment NM1 Ref. Des. NM107.

Type: String

Length: 10 positions or less

Value: No specific value is assigned

Example: "JR" is coded if the billing physician is a junior.

Specifications: Suffix is to be provided for each billing physician, where applicable. Do not submit credentials in this field (e.g., MD, DR, Ph.D.).

Edits:

5215-011	Must be blank if the Individual/Organization Indicator (No. 5210) is equal to "2".

PHYSICIAN'S AND SUPPLIER'S BILLING ADDRESS

Subset Number:	5231
Subset Name:	Street address 1
Definition:	A single data element typically composed of the following components: primary number, Pre-Directional, Street Name, Street Suffix, Post-Directional, Secondary Unit Indicator.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:
Loop 2010AA Segment N3 Ref. Des. N301.

Type: String

Length: 55 positions or less

Value: N/A

Example: "123 MAIN STREET" is coded when the billing physician's street address is 123 Main Street.

Specifications: The purpose of this field is for the mailing address.

This field consists of the street address of the billing physician or billing supplier.

Edits:

5231-011	Must contain a street address.
5231-022	Requires a valid street address.

PHYSICIAN'S AND SUPPLIER'S BILLING ADDRESS

Subset Number:	5232
Subset Name:	Street address 2
Definition:	A single data element typically composed of one of the following components: PO Box, Highway Contract Route, or Rural Route Number.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
Loop 2010AA Segment N3 Ref. Des. N302

Type: String

Length: 55 positions or less

Value: N/A

Example: "PO BOX 309" is coded when the billing physician's address is PO Box 309.

Specifications: This field consists of the street address of the billing physician or billing supplier, as needed.
If both P.O. Box number and street address are present, P.O. Box number must be in street address 2.

Edits: 5232-012 Requires a valid street address or blank.

PHYSICIAN'S AND SUPPLIER'S BILLING ADDRESS

Subset Number:	5233
Subset Name:	City name
Definition:	The name of the municipality associated with the local post office for the address of the billing physician.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:
Loop 2010AA Segment N4 Ref. Des. N401

Type: String

Length: 52 positions or less

Value: N/A

Example: "MADISON" is coded when the billing physician's address is in Madison, Wisconsin.

Specifications: This element contains the city where the billing physician's or supplier's address is located.

Edits:

5233-011	Must contain a city, town, or village name.
5233-022	Requires a valid city, town, or village name.

PHYSICIAN'S AND SUPPLIER'S BILLING ADDRESS

Subset Number:	5234
Subset Name:	State code
Definition:	A code used to identify the 50 U.S. states as defined by the Federal Information Processing Standard for Codes for the Identification of the States, the District of Columbia and the Outlying Areas of the United States, and Associated Areas.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:
Loop 2010AA Segment N4 Ref. Des. N402

Type: String

Length: 2 positions

Value: N/A

Example: "WI" is coded when the billing physician's address is located in Wisconsin.

Specifications: This element contains the billing physician's or supplier's state.

Edits: 5234-011 Must be a valid state code.

PHYSICIAN'S AND SUPPLIER'S BILLING ADDRESS

Subset Number:	5235
Subset Name:	ZIP code
Definition:	A code used to facilitate the delivery of mail of the billing physician's address.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:
Loop 2010AA Segment N4 Ref. Des. N403.

Type: Numeric

Length: 15 positions or less

Value: N/A

Example: "53575" is coded for the village of Oregon, Wisconsin.

Specifications: BHIP will accept five- or nine-digit ZIP codes.
Do not include any punctuation (such as a hyphen) in the ZIP code.

Edits:

5235-011	Must be a valid ZIP code.

BILLING PHYSICIAN'S IDENTIFICATION NUMBER

Subset Number: 5251

Subset Name: NPI

Definition: National Provider Identifier. A unique identification number for health care providers that will be used by all health plans.

Requirement: Conditional

Source: *X12N 837 004010x098:*
Loop 2010AA Segment NM1 Ref. Des. NM109.

Type: String

Length: 80 positions or less

Value: Issued by the National Plan and Provider Enumeration System (NPPES)

Example: N/A

Specifications: A unique NPI will be assigned to each physician.
The NPI is a 10-position alphanumeric identifier. The tenth position is an International Standards Organization-approved check-digit, which will allow a calculation to detect keying or submission errors.

The use of NPI will be fully implemented under HIPAA, and mandatory for POV data collection as of 5/23/2007. Assignment of NPI numbers began July 2005, and may be submitted to the POV system as physicians receive their NPI assignment.

If an NPI has not been assigned please submit a surrogate NPI. Examples of surrogate NPIs are listed below:

8-position	10-position	Description
RES00000	RES0000000	Code for interns and residents.
RET00000	RET0000000	Code for retired physicians.
VAD00000	VAD0000000	Code for physicians serving the Department of Veterans Affairs or the U.S. Armed Services.
PHS00000	PHS0000000	Code for physicians serving Public Health or Indian Health services.
OTH00000	OTH0000000	Code for physicians who do not meet any of the above criteria.

If you need additional information on the source for NPIs, please visit: https://nppes.cms.hhs.gov.

Edits:

5251-011	Must be in valid NPI format if the Individual/Organization Indicator (No. 5210) is equal to "1".

PHYSICIAN'S AND SUPPLIER'S BILLING IDENTIFICATION NUMBER

Subset Number:	5252
Subset Name:	EIN
Definition:	Employer's Identification Number. A number that uniquely identifies an Organization to the Federal Internal Revenue Service.
Requirement:	Mandatory

Source: *X12N 837 004010x098:*
Loop 2010AA Segment NM1 Ref. Des. NM109; or,
Loop 2310B Segment NM1 Ref. Des. NM109; or,
Loop 2420A Segment NM1 Ref. Des. NM109.

Type: String

Length: 80 positions or less

Value: Issued by the U.S. Internal Revenue Service

Example: N/A

Specifications: This element is the federal employer ID number of the billing provider's or supplier's employer. It is also known as the Federal Tax ID number.
If a physician is self-employed, the group practice number should be her/his Federal Tax ID number.

Do not include any punctuation in this field, i.e., no hyphen.

Edits: 5252-021 Must be in valid EIN format.

BILLING PHYSICIAN'S IDENTIFICATION NUMBER

Subset Number:	5253
Subset Name:	UPIN
Definition:	Unique Physician Identification Number. A physician identification assigned by the Centers for Medicare and Medicaid Services.
Requirement:	Conditional

Source: *X12N 837 004010x098:*
Loop 2010AA Segment REF Ref. Des. REF02.

Type: String

Length: 30 positions or less

Value: Assigned by Federal UPIN Registry

Example: B54321

Specifications: COBRA 85 required HCFA to establish a unique identifier for all physicians, as defined in 1861r of the Social Security Act, paid under Title XVIII. Because there was not legal authority to use the Social Security Number, HCFA created the UPIN, a six-place alpha/numeric identifier.

As of January 1, 1992, physicians are required to code the UPIN of the referring or ordering physician on the HCFA-1500.

Edits: 5253-011 Must be in a valid UPIN format or blank.

PERFORMING PHYSICIAN'S NAME

Subset Number:	5301
Subset Name:	Last Name
Definition:	Last name or surname of the performing physician.
Requirement:	Mandatory

Source: *X12N 837 004010x098:*
Loop 2310B Segment NM1 Ref. Des. NM103; or,
Loop 2420A Segment NM1 Ref. Des. NM103.

Type: String

Length: 35 positions or less

Value: N/A

Example: "BEETHOVEN" is coded if the physician's last name is Beethoven.

Specifications: Last name is to be provided for each performing physician.
Valid characters are letters, apostrophes, hyphens, or spaces.

Edits: 5301-021 Must be in a valid last name format.

PERFORMING PHYSICIAN'S NAME

Subset Number:	5302
Subset Name:	First Name
Definition:	The first name is a given name used by the performing physician.
Requirement:	Required if information exists.

Source: X12N 837 004010x098:
Loop 2310B Segment NM1 Ref. Des. NM104; or,
Loop 2420A Segment NM1 Ref. Des. NM104.

Type: String

Length: 25 positions or less

Value: N/A

Example: "LAURA" is coded if the physician's first name is Laura.

Specifications: First name is to be provided for each performing physician.
Valid characters are letters, apostrophes, hyphens, or spaces.

Edits: 5302-011 Must be in a valid first name format or blank.

PERFORMING PHYSICIAN'S NAME

Subset Number:	5303
Subset Name:	Middle Name
Definition:	The middle name is an additional name other than the first name and surname of the performing physician.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
Loop 2310B Segment NM1 Ref. Des. NM105; or,
Loop 2420A Segment NM1 Ref. Des. NM105.

Type: String

Length: 25 positions or less

Value: No specific value is assigned

Example: "JEAN" is coded if the performing physician's middle name is Jean.

Specifications: Middle name is to be provided for each performing physician, where applicable.
Valid characters are letters, apostrophes, hyphens, or spaces.

Edits: 5303-011 Must be in a valid middle name format or blank.

PERFORMING PHYSICIAN'S NAME

Subset Number:	5305
Subset Name:	Suffix
Definition:	The suffix is additional descriptive information applied to the entire name and appended to the last name of the performing physician.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
Loop 2310B Segment NM1 Ref. Des. NM107; or,
Loop 2420A Segment NM1 Ref. Des. NM107.

Type: String

Length: 10 positions or less

Value: No specific value is assigned

Example: "JR" is coded if the performing physician is a Junior.

Specifications: Suffix is to be provided for each performing physician, where applicable. Do not submit credentials in this field (e.g., MD, Dr., Ph.D.).

Edits: N/A

PERFORMING PHYSICIAN'S IDENTIFICATION NUMBER

Subset Number:	5311
Subset Name:	Wisconsin physician license number
Definition:	The physician license number assigned to the physician by the Wisconsin Department of Regulation and Licensing.
Requirement:	Mandatory

Source: *X12N 837 004010x098:*
Loop 2310B Segment NM1 Ref. Des. NM109; or
Loop 2310B Segment REF Ref. Des. REF02; or
Loop 2420A Segment NM1 Ref. Des. NM109; or
Loop 2420A Segment REF Ref. Des. REF02.

Type: String

Length: 30 positions or less

Value: N/A

Example: 0099999

Specifications: Each Wisconsin physician license number includes two leading zeros, five digits, a dash, and a three-digit specialty code.
Submit **only** the seven-digit Wisconsin physician license number, without the 3-digit specialty code.

Leading zeros **are** required.

Edits: 5311-011 Must be a valid Wisconsin physician license number.

PERFORMING PHYSICIAN'S IDENTIFICATION NUMBER

Subset Number: 5312

Subset Name: NPI

Definition: National Provider Identifier. A unique identification number for health care providers that will be used by all health plans.

Requirement: Mandatory

Source: *X12N 837 004010x098:*
Loop 2310B Segment NM1 Ref. Des. NM109; or,
Loop 2420A Segment NM1 Ref. Des. NM109.

Type: String

Length: 80 positions or less

Value: Issued by the National Provider System

Example: N/A

Specifications: A unique NPI will be assigned to each physician.
The NPI is a 10-position alphanumeric identifier. The tenth position is an International Standards Organization-approved check-digit, which will allow a calculation to detect keying or submission errors.

The use of NPI will be fully implemented under HIPAA, and mandatory for POV data collection as of 5/23/2007. Assignment of NPI numbers began July 2005, and may be submitted to the POV system as physicians receive their NPI assignment.

If an NPI has not been assigned please submit a surrogate NPI. Examples of surrogate NPIs are listed below:

8-position	10-position	Description
RES00000	RES0000000	Code for interns and residents.
RET00000	RET0000000	Code for retired physicians.
VAD00000	VAD0000000	Code for physicians serving the Department of Veterans Affairs or the U.S. Armed Services.
PHS00000	PHS0000000	Code for physicians serving Public Health or Indian Health services.
OTH00000	OTH0000000	Code for physicians who do not meet any of the above criteria.

If you need additional information on the source for NPIs, please visit: nppes.cms.hhs.gov

Edits: 5312-011 Must be in valid NPI format.

EMPLOYER IDENTIFICATION NUMBER OF THE PERFORMING PROVIDER

Subset Number:	5315
Subset Name:	EIN
Definition:	Employer's Identification Number. A number that uniquely identifies an Organization to the Federal Internal Revenue Service.
Requirement:	Required if information exists

Source: *X12N 837 004010x098:*
Loop 2010AA Segment NM1 Ref. Des. NM109; or,
Loop 2310B Segment NM1 Ref. Des. NM109; or,
Loop 2420A Segment NM1 Ref. Des. NM109.

Type: String

Length: 80 positions or less

Value: N/A

Example: N/A

Specifications: This number should be identical to the IRS Employer ID Number of a physician's employer. It is also known as Federal Tax ID number.
If a physician is self-employed, the group practice number should be her/his Federal Tax ID number.

Do not include any punctuation in this field, i.e., no hyphen.

Edits: 5315-011 Must be in valid EIN format.

PHYSICIAN'S PRACTICE GROUP INFORMATION

Subset Number:	5321
Subset Name:	Organization name
Definition:	The legal or corporate name used to identify or distinguish one business entity from another.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 95 positions or less

Value: N/A

Example: N/A

Specifications: This element contains the name of the performing physician's employer.

Edits: 5321-021 Must be a valid name.

PHYSICIAN'S PRACTICE GROUP INFORMATION

Subset Number:	5322
Subset Name:	EIN
Definition:	Employer's identification number. A number that uniquely identifies an Organization to the Federal Internal Revenue Service.
Requirement:	Mandatory

Source:	Data submitter
Type:	String
Length:	80 positions or less
Value:	Issued by the U.S. Department of the Treasury.
Example:	N/A
Specifications:	This number should be identical to the IRS Employer ID Number of a physician's employer. It is also known as Federal Tax ID number. If a physician is self-employed, the group practice number should be her/his Federal Tax ID number. Do not include any punctuation in this field, i.e., no hyphen.
Edits:	5322-011 Must be in valid EIN format.

APPENDIX F
Instructions for Using POV Internet Interfaces

F.1 Overview

The POV system uses four different, but complementary, Internet processes:

1) The Wisconsin Web Access Management System (WAMS) and POV security roles.
2) Secure File Transfer Protocol (SFTP) software.
3) A secure Web application for POV data collection (POV Web Interface).
4) Email messages.

WAMS is a lightweight directory access protocol (LDAP) system administered by the Wisconsin Department of Administration; it is designed to allow authorized individuals access to State Internet applications using a single means of identification. Data and user security are managed through WAMS.

SFTP software is used for all POV file uploads and downloads. This software automatically encrypts files before transfer and provides internal logs of activity.

The POV Web Interface provides online status reports of data submission; allows entry and editing of physician affiliation data and editing of POV service data; enables data submitters to request their data summary and physician data profile reports; and allows electronic data affirmation.

Email is used to provide notifications to users about the status of their file submission(s) and the availability of reports.

F.1.1 WAMS and POV Security Roles

Each POV user must register in the Wisconsin Web Access Management System (WAMS) to obtain a user ID and password before they can access the POV Web Interface. Follow the instructions for self-registration at on.wisconsin.gov. Each WAMS User ID must have a unique email address associated with it.

Each user who has obtained a WAMS User ID may be assigned up to seven POV roles. Directory assignments for SFTP upload and download and menu options in the POV Web Interface are automatically configured to match the user's roles. Multiple roles may be needed to complete the quarterly data submission, editing, and affirmation processes. These roles are:

1) **Affiliation Editor** – A user with the ability to edit physician affiliation data for a submitting organization. This role also authorizes report and data file downloads, and access to the Submission Status screen.

2) **Affirmation Signer** – The user with the responsibility to affirm a submitting organization's service data for those physicians who have delegated affirmation responsibility. This role also authorizes report and data file downloads, and access to the Submission Status screen.
3) **Data Certify Submitter** – A user given access rights to the test data upload directory on the SFTP server.
4) **Data Submitter** – A user given access rights to the production data upload directory on the SFTP server for submitting AFF or POV data.
5) **Data Editor** – The user who has responsibility for editing submitted service data records. This role also authorizes report and data file downloads, and access to the Submission Status screen.
6) **Report Generator** –This role is reserved for future enhancements to the POV Interface.
7) **Security Administrator** – A user with responsibility to request that BHIP add and remove users, and/or change user security roles for the POV Web Interface.
8) **Physician Affirmer** – BHIP staff member with responsibility for recording data affirmation from physicians who have not delegated affirmation to the data submitting organization. This role is restricted to BHIP.

Actions that may be performed by each role are shown in the following chart:

Role:	**1**	**2**	**3**	**4**	**5**	**6**	**7**
Action	**Affiliation Editor**	**Affirmation Signer**	**Data Certify Submitter**	**Data Submitter**	**Data Editor**	**Security Admin**	**Physician Affirmer***
Upload Test Data to Certify (SFTP)			X				
Upload Data File to Production (SFTP)				X			
Download File (SFTP)	X	X	X	X	X		
View Submission Status	X	X	X	X	X		
Edit Affiliation Data	X						
Edit Service Data					X		
Generate Report**							
Affirm Service Data		X					
Request User Roles						X	
Affirm Data for Non-delegating Physicians*							X

*The **Physician Affirmer** role is restricted to BHIP.
The **Generate Report role is reserved for future enhancements to the POV Web Interface.

The first user in an organization to receive authorization to use the POV Web Interface is the *local POV security administrator*. This individual is responsible for authorizing all other users in the organization to use the POV Web Interface. To establish this user, send an email message to povdata@dhfs.state.wi.us, providing the WAMS User ID and requesting the security role assignment. Once the security role is assigned, the *local POV security administrator* can login to the POV Web Interface and manage additional users and roles. When logging into the POV Web

Interface for the first time, each user must edit his or her profile information and confirm all fields.

A *Manage User Security* screen, similar to the one below, will appear to the *local POV security administrator*. Click either the **Add User** link, or the **Edit** link at the right-hand side of the User table to alter role assignments for an existing user.

F.1.2 Secure File Transfer Protocol (SFTP) Software

All POV file upload and download activity is done with secure file transfer protocol (SFTP) software. The SFTP software uses a "drag and drop" interface resembling Windows Explorer. BHIP supplies this software directly to data submitting organizations, along with installation and configuration instructions. To obtain a copy of this software, send a request to povdata@dhfs.state.wi.us.

> ***Note*:** *The SFTP software uses the WAMS ID and password. If an ID/password problem occurs when using the SFTP software, users need to return to the WAMS account set-up Web page at on.wisconsin.gov and obtain assistance from WAMS security.*

Users must open the SFTP software and supply their WAMS ID to log in. Access is not available directly from the POV Web Interface. Once logged in, the user will see up to three directories on the SFTP server, depending on the POV roles assigned.

These directories are:

- POVD_DNLOAD_###
- POVD_ UPLOAD _###
- POVD_CERTIFY_### (the test data upload directory)

The symbol ### stands for the 3-digit submitter ID.

F.1.3 POV Web Interface and Internet Browser Configuration

The POV Web Interface is a browser-accessed Web site that allows the user to view file submission status; enter and edit physician affiliation data; edit POV service data; request data summary and profile reports; affirm quarterly data electronically; and manage user security. The functions a user may perform within the POV Web Interface are governed by the POV security roles assigned to that user.

After logging into the POV Web Interface, the user sees the Welcome screen. The left side of this and subsequent screens contains the menu of POV options available, a menu that is dynamically created from the roles granted to each user. The blue horizontal bar contains **Print**, **Help**, **Home** and **Logoff** buttons as well as the organization name.

The DHFS Web site dhfs.wisconsin.gov/healthcareinfo/pov/dsm.htm provides access to the POV Web Interface. BHIP recommends that users always access the POV Web Interface through this site. Users should **not** configure shortcuts and browser bookmarks for the individual login screens. This will avoid problems that may occur because of state server configuration changes, and problems with some local network security configurations that do not allow direct connection using the more complex address captured with the bookmark process in the browser.

> ***Note:*** *The browser **must** be configured to accept cookies. Any browser software release that uses Java should work for POV.*

Two different and parallel POV systems exist for production and test data submission. The test data environment, called "Certification," is for submitter data testing and/or user training. The "Production" system contains the officially submitted POV data. All roles exist in each system, except for the Data Certify Submitter (certification) and Data Submitter (production) roles that are unique to each system.

When logging into the POV Web Interface for the first time, the user will be presented with a user profile screen. The user must edit the user profile information and confirm all fields.

F.1.4 Email Messages

After an organization submits a data file to the POV system using the SFTP software, confirmation email messages are sent to accomplish the following:

- Acknowledge receipt of the file.

- Inform the data submitter that the file is being processed through the POV system.

Data submitters may use email communication to contact BHIP staff with questions. BHIP staff use email to communicate with data submitters about any changes in processing policies, etc.

F.2 Using the POV Interface

The general sequence of activity during a quarterly data submission cycle is described in this section, along with the parts of the POV system that are used. The steps are:

1) Add/edit physician affiliation data
2) Submit service data
3) Review data Submission Status screen
4) Review data edit reports
5) Edit service data
6) Review quarterly data summary reports
7) Review physician data profile reports
8) Affirm data

F.2.1 Add/Edit Physician Affiliation Data

Physician Affiliation data records must exist for each performing physician identified in service data records. Necessary updates to Affiliation data should be made **before** submitting service data, using either the POV Web Interface or SFTP batch file uploads. See Appendix D for affiliation data record layout and corresponding edits.

The POV Web Interface may be used for all physician affiliation data entry and editing. Users with the affiliation editor role will have an **Affiliation Data** link visible on the left side of the screen as one of the available options. Selecting this link displays a report of doctors currently reported as affiliated with the data-submitting organization. Each entry in the report contains an **Edit** link to allow editing of that physician's affiliation data. There are also options for searching for an individual physician; adding a new physician; viewing a list of formerly affiliated physicians; and creating a "printable" list of affiliated physicians.

When adding a new physician affiliation record, click the **Add New Physician** link. Enter the physician license number and the practice employer identification number (EIN) in the **Add Physician** form.

> ***Note:*** *Double-check before clicking the **Save** button because once clicked, a new record will be added that cannot be deleted.*

Additional information entered on the following screen (**Edit Affiliation Record** screen**)** will be considered an update to this newly added record and will be reflected as such on the resulting processing reports. To avoid errors in the physician affiliation table, it is important to supply all

the required information requested about each physician on the data entry screen. The same data entry screen is also used when modifying information about existing physicians.

To end affiliation between a physician and any practice EIN (a data submitting organization may have multiple practice EINs), click the **End Affiliation** button on the "Edit Affiliation Record" screen. This will automatically place the current date in the "ending date" of the "physician practice group affiliation," "data delegation," and "affirmation delegation" fields. Or, the user can enter these fields manually if desired. The "D" (delete record) transaction type no longer deletes affiliation records from the physician affiliation table, but affiliation is ended by entering the current date into the "affiliation ending date." **Physician affiliation should not be ended until all POV Service records for that physician have been affirmed.**

When editing of the affiliation record is complete, the user must click on the **Save Record** button. When all affiliation records have been edited in the current session, the user must click the **Done Editing** button in order for the changes made during the current session to be processed right away.

> ***Note:*** *If **Done Editing** is not clicked, the edited records will not be submitted until after midnight, and a new set of reports will not be available in the SFTP download directory until the records have been processed.*

Submitters may choose instead to send an AFF data file using the SFTP software to make a batch upload to the POV system with the desired changes. The file is placed in the POVD_ UPLOAD _### directory (where ### is the submitter ID). If it is a test data file, it would be placed in the POVD_CERTIFY_### directory. Users must have the **Data Submitter** role to be able to see the production upload directory and/or the **Data Certify Submitter** role to see the test (certify) upload directory.

F.2.2 Submitting POV Service Data

The POV service data record layout and corresponding edits are described in Section 4 and Appendix E. These records must be uploaded using the SFTP software. If it is a test data file, it would be placed in the POVD_CERTIFY_### directory. Users must have the **Data Submitter** role to be able to see the production upload directory and/or the **Data Certify Submitter** role to see the test (certify) upload directory.

F.2.3 Reviewing Data Submission Status Screen

Every submitted file is assigned a unique submission ID number that is used for tracking on the Submission Status screen in the POV Web Interface. The same file editing and tracking process is initiated by uploading a file using the SFTP software, or by pressing the **Done Editing** button in the POV Web Interface.

The Submission Status screen will show up to five entries for each file submission. SFTP uploaded files will produce all five entries in the Submission Status screen. Using the POV Web Interface editing will generate the last two entries only.

1) **File Upload Initiated** – SFTP has started. (Shows file name; submission ID is not yet assigned.)
2) **File Upload Completed** - SFTP has completed the upload and an email confirmation message has been sent to the submitter. (Shows file name; submission ID is not yet assigned.)
3) **File Processing Completed** – The POV application has determined that data can be loaded into the database and edited, and an email confirmation message has been sent to the submitter. (Shows file name and submission ID.)
4) **Edits Processing** – The POV application is loading the data into the database and generating reports. (Shows file name and submission ID.)
5) **Reports Ready** – The POV application has completed all processing of the file and reports are ready for download and review. (Shows submission ID only.)

Note: *Clicking on the Submission Status link in the menu at the left of the screen will refresh the Submission Status screen.*

Once the Submission Status screen indicates that reports are ready, the user should use the SFTP software to download the reports from the SFTP download directory. The assigned submission ID number is contained in the report file names.

If the "Reports Ready" entry does not appear for any submission ID, first check the second email message. If the user cannot identify the problem, then the user should contact BHIP for assistance.

F.2.4 Reviewing Data Edit Reports

Use the SFTP software to download the edit reports. Refer to Appendices I through M for specifics about the feedback provided to users in the *Processing Summary Report,* the *Detailed Processing Report,* the *Unidentified Data String File,* the *Unloadable Problematic Record File,* and the *Loadable Problematic Record File*. Careful review of these reports provides users with a way to assess the quality and completeness of the data files they submitted, and to inform them of corrections they should make prior to requesting *Quarterly Data Summary* and *Physician Data Profile Reports*.

All reports are stored in the submitter's download directory located on the SFTP server. Data submitters must login to the SFTP server to retrieve their reports and files.

F.2.5 Editing Service Data

POV service data may be edited using the POV Web Interface bulk data editor, or by correcting and re-submitting batch files through SFTP uploads.

To edit data using the POV bulk data editor, users with the data editor role will have a service data **Edit** link visible on the left side of the screen. The design of the bulk edit function enables a user to enter criteria to select a group of records within a specific submission ID. Then the user can designate the changes that will be applied to all of the selected records at once.

Warning: All bulk editing is done by submission ID.

The steps in using the POV Service Data bulk editing process are:

1) **Download** and **review** the reports and files associated with the desired submission to determine the type of editing that will be performed.

2) Click on the Service Data **Edit** link in the POV Web Interface. Select the appropriate reporting period. The screen will display a list of all submission IDs available for editing, along with the number of records loaded to the database, and the number of edit errors resulting from the editing process.

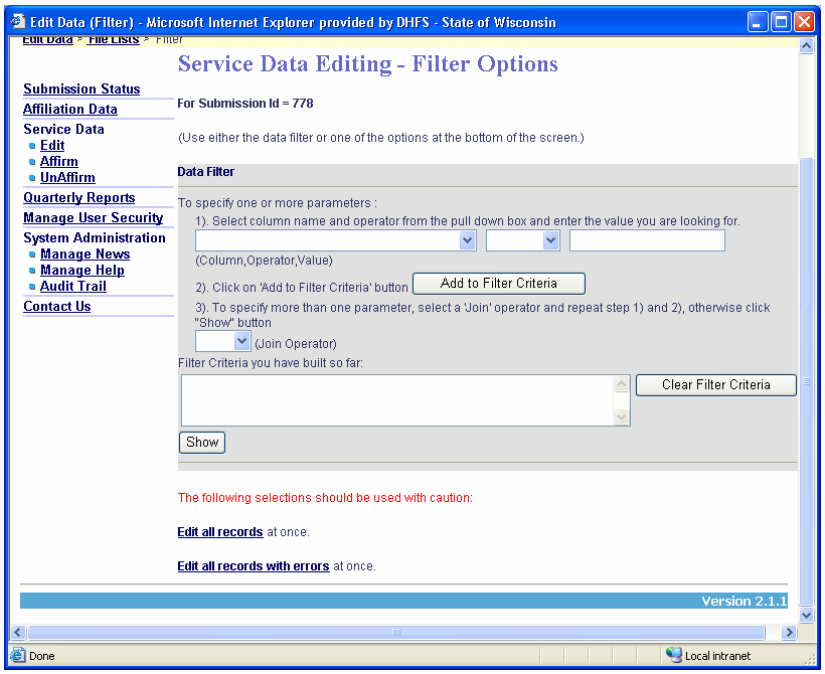
3) Click on the **Edit** link of the submission ID to be edited.

4) Choose from the following options (see the sample screen below):

   a) **Data Filter**, which allows the user to choose editing criteria using two pull-down entry boxes and an entry field. After completing each of these three fields, click on the **Add to Filter Criteria** button, which places the criteria in the **Filter Criteria** window. Additional criteria may be included using the **Join Operator** to designate "AND" or "OR". When the filter selection logic is complete, click on the **Show** button to go to display the selected records.

   b) **Edit all records**, which automatically selects **all** records in the selected submission. *Use this feature with caution.*

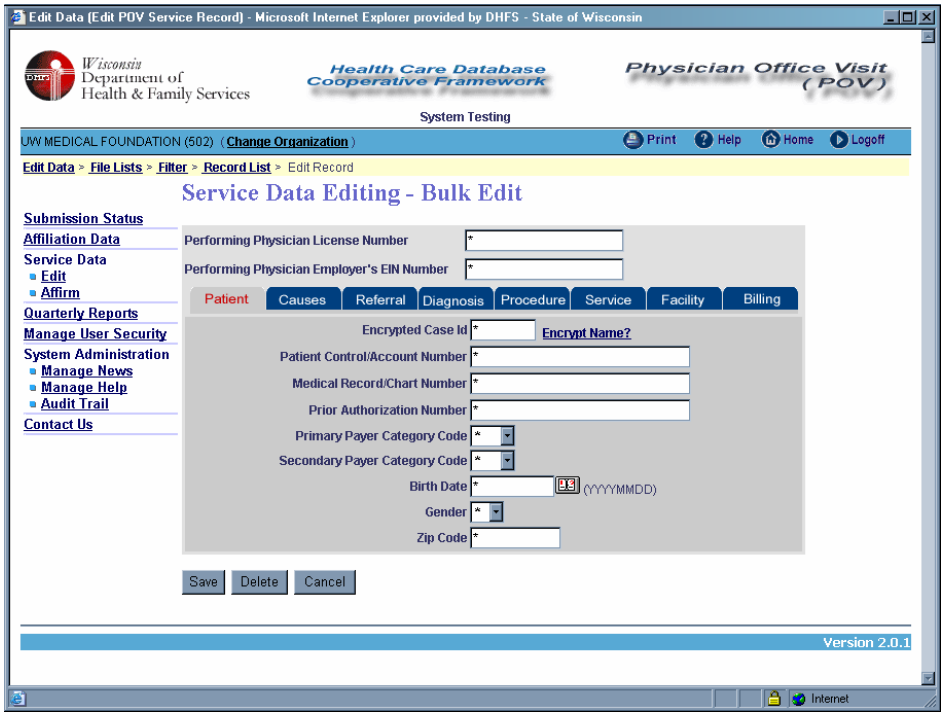
   c) **Edit all records with errors**, which automatically selects **all** records in the selected submission that had errors. *Use this feature with caution.*



5) Carefully check the record count and the record contents on the listing displayed after the selection is made.

Warning: Edit changes will be made to ALL of the selected records.

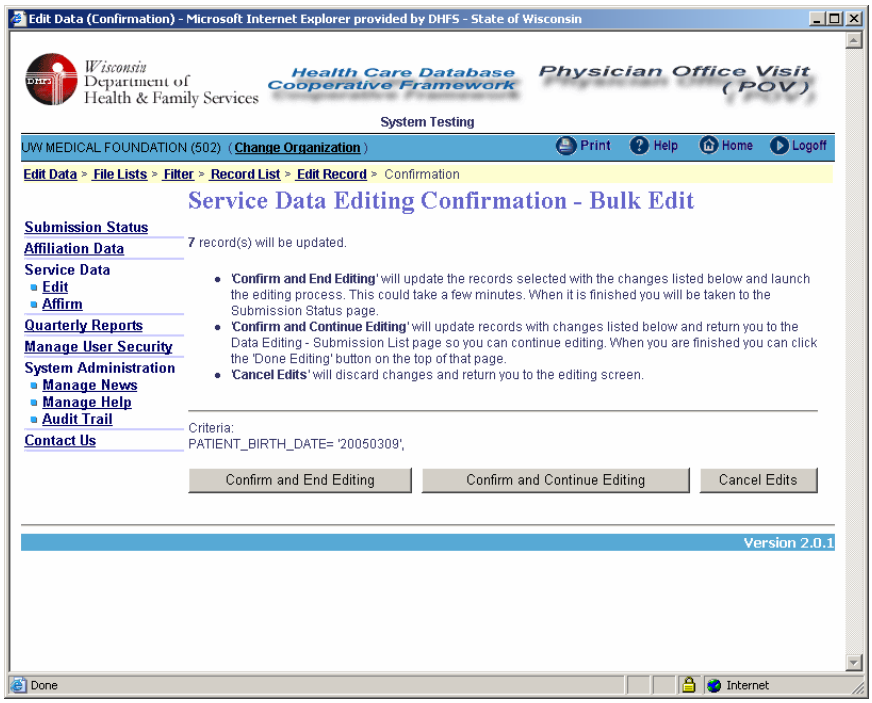
6) Click on the **Bulk Edit** button if the selection is correct and appropriate for the editing to be performed. The following screen will be displayed:



Data elements are grouped in the edit screen under the eight tabs. The Performing Physician License Number and Employer's EIN will appear on each of the sub-forms.

7) For each field where a change to all of the selected records is desired, replace the "*" with the desired data. **Any field where the asterisk remains will be unaffected.** Navigate to other data editing sub-forms as necessary by clicking on the tab. When all edit changes have been keyed, press the **Save** button. To delete all of the selected records, click on the **Delete** button. If no changes are to be made in the selected records, click on the **Cancel** button.

8) When **Save** is clicked, the following screen will appear:



There are three buttons on this screen:

a) **Confirm and End Editing. Clicking this button will update the records** selected using the criteria shown at the bottom of the screen and launch the editing process. When this process is finished, the user will be taken to the Submission Status page.

b) **Confirm and Continue Editing.** Clicking this button will update records using the criteria shown at the bottom of the screen. Selecting this option will return the user to the Data Editing - Submission List screen, and allow the user to repeat the editing steps on another group of records. When all editing is completed, click the **Done Editing** button which will appear on the Data Editing - Submission List screen.

Warning: *If **Done Editing** is not clicked, edited records will not be submitted until after midnight, and a new set of reports will not be available in the SFTP download directory until the records have been processed.*

c) **Cancel Edits.** Clicking this button discards all changes and returns the user to the Data Editing - Submission List screen.

Note: *An "Edits Processing" entry should appear on the Submission Status screen after completing bulk editing.*

Bulk Edit Example

When reviewing the Detailed Processing Report (***D*** Report), a data submitter may notice that several records have produced the same error, and therefore will have the same edit number shown on the report. If the correction is the same in all cases, then the bulk edit function can be used to correct these errors as a global change:

- Select **Edit Number** from the drop-down list of the data filter.
- Choose an **operator** (for example: "=").
- Type in the value of the **Edit Number** (for example: "3070-021," to indicate an error in the patient ZIP code). Click **Add to Filter Criteria**.
- Click the **Show** button.
- A list of records will appear. These are the records that will be changed.
- Click **Bulk Edit**. Find the appropriate tab on the Service Data Editing - Bulk Edit screen. For example, "ZIP Code" is one data element on the **Patient** tab. Click in the ZIP Code box to highlight the asterisk (*) and type the correct ZIP code. The asterisk will be overwritten and the change will be made to all of the selected records.
- Click **Save**.
- Click **Confirm and End Editing**.

In summary, the bulk-editing function of the POV Web Interface can be useful if the need exists to change a whole group of records with one command. ***It is important to proceed with caution*** when using this function. Follow these steps to minimize the chance of creating new errors:

- Review edits carefully to determine if it is appropriate to use the bulk editing function.
- Think carefully about the filter criteria needed to make the bulk change.
- Compare the number of records being bulk-edited, to those of the original submitted batch data file.
- Enter the changes by removing the asterisk (*) only from the field (or fields) that will be changed. **Any field where the asterisk remains will be unaffected.**
- Verify record counts again to ensure that only the desired records are being changed.
- Click the "Done Editing" button to submit these changes.

Monitor entries in the Submission Status screen and review edit reports as outlined in sections F.2.3 and F.2.4.

F.2.6 Reviewing Quarterly Data Summary Reports

To request *Quarterly Data Summary Reports*, click on the **Quarterly Reports** link on the menu at the left of the screen. Indicate the reporting year, reporting period and Summary Reports.

Once the *Quarterly Data Summary Reports* have been run and placed into the data submitter's download library, the submitter will receive an email message to indicate the Quarterly Data Summary Reports are ready for download. Use the SFTP software to download the Quarterly Summary Reports.

Specific contents of the *Quarterly Data Summary Report*, *the Quarterly Processing Summary Report,* the *Quarterly Detailed Processing Report,* and the *Loadable Problematic Record File* are described in Appendices N, J, K, and L, respectively. Careful review of these reports allows users with to assess the quality and completeness of the data files they submitted, and gives them statistics about the data processed for the current reporting period. If desired, users may make more data changes before requesting *Physician Data Profile Reports*.

> ***Note:*** *These documents do not display correctly when viewed with Notepad. They are best viewed with more sophisticated software, such as WordPad, Text Pad or Word.*

F.2.7 Reviewing Physician Data Profile Reports

To request *Physician Data Profile Reports*, click on the **Quarterly Reports** link on the menu at the left of the screen. Select the reporting year, reporting period, and *Physician Data Profile Reports*.

Once the *Physician Data Profile Reports* have been run and placed into the data submitter's download library, the submitter will receive an email message to indicate the *Physician Data Profile Reports* are ready for download. Use the SFTP software to download the *Physician Data Profile Reports*.

Refer to Appendix P for specifics about the contents of the *Physician Data Profile Reports*. Careful review of these reports allows users to assess the quality and completeness of the data files they submitted, and gives them statistics about the data submitted for individual physicians for the current reporting period. If necessary, make more data changes prior to affirming service data for the current reporting period.

> ***Note:*** *The process described above applies to physicians who have delegated affirmation responsibility to the data submitting organizations.*

If an organization submits data on behalf of physicians who have not delegated affirmation, the *Physician Data Profile Reports* for those physicians will be printed and mailed to the individual physicians for review.

F.2.8 Affirming Data

With implementation of the POV Web Interface, data submitters with the Affirmation Signer security role **must** affirm data for affirmation-delegated physicians electronically. Electronic affirmation may only be done **once** for an entire reporting period of service data. It is important to complete all submission and editing, and review the physician profile reports, for the entire reporting period before affirming service data electronically. It is possible to work on up to two reporting periods of service data concurrently.

Follow these steps to affirm data electronically:

- Log in to the POV Web Interface. Select **Affirm** from the menu at the left of the Web page.
- Select the appropriate year and reporting period, if more than one is shown.
- Click on the link to review the Affirmation Delegated Physician List.
- Read the information presented carefully before clicking the **Affirm** button.

Confirmation of affirmation will appear after clicking the **Affirm** button.

BHIP staff will print profile reports and affirmation forms to send to those physicians who have not delegated affirmation responsibility to the submitting organization. Upon receipt of the signed affirmation forms, BHIP staff will use the new POV Web Interface to affirm for these physicians electronically.

F.3 Responsibilities

Data submitter responsibilities may include but are not limited to the following:

- Data submitters must retain evidence of a signed, notarized TPA for each physician included in POV data submission.

- Data submitters need to remain current with the most up-to-date version of the POV Data Submission Manual guidelines.

- When a data submitter requests an extension, the submitter must notify the physician(s) at least 10 calendar days before the data submission due date.

- Data submitters must use the SFTP software provided to them by the Department, to ensure the secure transmission of data.

- Data submitters must provide correct and up-to-date *Physician Affiliation* data for all physicians associated with their practice group.

- Data submitters are responsible for reviewing all summary and profile reports, to ensure satisfactory data quality prior to affirming quarterly POV data.

APPENDIX G
Submission Acknowledgement Notification

The *Submission Acknowledgment Notification (first email)* is distributed for each SFTP submitted file received by BHIP. This email applies to both the affiliation record (AFF) submission and the service record (POV) submission.

Data submitters should receive this notification shortly after a file is submitted to BHIP. The subject field of the email will contain a "(1)", followed by the submitter ID, followed by the POV submission environment (PRODUCTION or PRODCERT), and followed by "POV Data Submission Received."

The *Submission Acknowledgement Notification* is sent to the email address, which is extracted from the POV Web Interface user profile. If this email notification is not received in 30 minutes after a file is submitted, data submitters should immediately contact the Wisconsin Help Desk for further assistance (see Section 6.5 for Wisconsin Help Desk information).

Below is an example of the *Submission Acknowledgement Notification*.

From: "Bureau of Health Information and Policy" <povdata@dhfs.state.wi.us>
To: [Email address in the POV Web Interface user profile]
Date: [Date and time sending the email]
Subject: (1) 500 PRODUCTION POV Data Submission Received

Event: File Upload Completed
Your file was uploaded successfully.

Data Submitter ID:
500

File Name:
POV_500_sample.txt

Please contact BHIP if you have further questions about this POV data submission:
Email: povdata@dhfs.state.wi.us
Phone: (608) 266-7568
Fax: (608) 264-9881

APPENDIX H
Initial Processing Notification

The *Initial Processing Notification (second email)* is distributed for each SFTP submitted file processed by BHIP. This email applies to both the affiliation record (AFF) submission and the service record (POV) submission.

Data submitters should receive this notification shortly after receipt of the first email. The subject field of the email will contain a "(2)," followed by the submitter ID number, followed by the POV submission environment (PRODUCTION or PRODCERT), and followed by "POV Data Submission Processed".

The *Initial Processing Notification* is sent to the email address, which is extracted from the POV Web Interface user profile. If this email notification is not received in 30 minutes after a file is submitted, data submitters should immediately contact the Wisconsin Help Desk for further assistance (see Section 6.5 for Wisconsin Help Desk information).

Below is an example of the *Initial Processing Notification*.

From: "Bureau of Health Information and Policy" <povdata@dhfs.state.wi.us>
To: [Contact person's email address in the POV Web Interface user profile]
Date: [Date and time sending the email]
Subject: (2) 500 PRODUCTION POV Data Submission Processed

BHIP received your file transmission for Physician Office Visit data collection.
The file "POV_500_sample.txt" was processed Wed May 11 15:11:12 CDT 2005.
Reports and analyses referring to this file have been assigned the File ID 90909

Data Submitter ID:
500

Data Submitter Name:
BUREAU OF HEALTH INFORMATION AND POLICY

File Name:
POV_500_sample.txt

Reporting Year:
2005

Reporting Period:
2

File Creation Date:
20050511

Processing Summary:
File processed. [messages about errors, if any]

Contact person information:

[contact information from the POV Web Interface user profile]

Please contact BHIP if you have further questions about this POV data submission:
Email: povdata@dhfs.state.wi.us
Phone: (608) 266-7568
Fax: (608) 264-9881

CC: povdata@dhfs.state.wi.us

APPENDIX I
Unidentified Data String File
(X File)

The *Unidentified Data String File (**X** File)* consists of a copy of the raw text or data strings in an AFF or POV record that caused the record-level processing error in a particular record. The ***X** File* is stored in the data submitter's download directory located on the SFTP server.

This ***X** File* will not be generated if any file-level processing errors occur.

I.1 Objectives

AFF or POV records with record-level processing errors **will not be processed or loaded** into the database but will be moved into an ***X** File*. Errors in the submitted record may be caused by an invalid record structure or inconsistent record specification.

An invalid record structure may be caused by invalid field delimiters, missing/extra data fields, or missing end-of-record delimiter. Inconsistent record specification can result from the use of invalid beginning of record indicator, nonconsecutive record sequence numbers, invalid transaction type identifier, or missing/duplicating record identification numbers.

I.2 File Naming and Retrieving Method

The file name for an ***X** File* consists of two parts: *report type identifier* and *Submission/file ID*. In addition, the file name includes an extension name "TXT," indicating that the file is stored in an ASCII text format. Below is the pattern for the file.

X[Submission/file ID].TXT

The *report type identifier* for the ***X** File* is set to "X". The *Submission/file ID* is a unique number assigned to each file by the POV system when a submitted file is processed. To identify the unique Submission/file ID, refer to the second email if submitted through SFTP, or to the Submission Status screen for either SFTP or POV Web Interface submissions.

The ***X** File* is stored in the submitter's download directory located on the SFTP server.

I.3 Format and Content

The format and specifications of the ***X** File* are as follows:

- The file is stored in an ASCII text format without any special characters.
- Each record/data string starts a new line.
- The record/data string in the file is an identical copy of the original record/data string submitted.
- The error information (e.g., edit number and its description) will be placed in one row above the unidentified data string.

The following example is an ***X** File* containing four POV records that have record-level processing errors.

```
Edit 3000-031  Must have correct number of fields in a record
POV|24|A|BHIP24| …. |0048791|POV|55|A|BHIP55| …. ||5527600135|ABC Health Care|530774169~

Edit 3000-011  Must be "POV"
PKB|67|A|BHIP67| …. |0048791|RES00000|5317891254|ABC Health Care|530774169~

Edit 3005-041  Must be a positive integer
POV|0|A|BHIP79| …. |0036154|RES00000|5212309800|ABC Health Care|530774169~

Edit 3006-011  Must be valid code
POV|92|X|BHIP92| …. |0045718|RES00000|5402341574|ABC HEALTH CARE|530774169~
```

The record-level processing error in the first record is due to an additional or missing number of fields within the record. This error prevents the record from being properly parsed, resulting in an output of an unidentified data string. The second record does not have a valid beginning of record indicator. In the third record, the record sequence number cannot be zero. The fourth record has an invalid transaction type identifier.

APPENDIX J
Processing Summary Report
(S Report)

The *Processing Summary Report (**S** Report)* is created for each submitted file to provide a brief summary of the outcome of file processing, information on the handling of data records, and statistics on the quantity of edit errors. Each submitted file will have a corresponding ***S** Report*, unless a fatal file-level processing error is detected in the early processing stage.

The *quarterly* version of the ***S** Report* is provided as part of the End-of-Quarter Reports (See Appendix N). Samples of each version of the ***S** Report* are shown in this appendix.

J.1 Objectives

To improve the quality of Physician Office Visit data collection, an ***S** Report* will be created for each submitted file. The purpose of this report is to provide a brief summary analysis of how well records or data elements in the file are constructed and presented in response to the written specifications.

J.2 File Naming and Retrieving Method

The file name for the per-submission ***S** Report* consists of: *report type identifier* and *Submission/File ID*. The file name includes an extension name "TXT," indicating that the file is stored in an ASCII text format. The file name for the quarterly version of the ***S** Report* consists of: *report type identifier*, *year* and *quarter*. The file name includes an extension name "PDF," indicating that the file is stored in a Portable Document format (PDF). Below is the pattern for each file name.

Report version	Naming pattern	Example
Per-submission ***S** Report*	S[Submission/file ID].TXT	S1234.TXT
Quarterly ***S** Report*	S[YYqQ].PDF	S05q1.PDF

The *report type identifier* for the ***S** Report* is set to "S", which is derived from the first letter of "Summary." The *Submission/File ID* is a unique number assigned to each file by the POV system when a submitted file is processed. To identify the unique *Submission/File* ID, refer to the second email if submitted through SFTP, or to the Submission Status screen for either SFTP or POV Web Interface submissions.

J.3 Format and Content of Per-Submission Version

The per-submission ***S** Report* is formatted as an ASCII text document without any special characters. The report is organized into three main sections. The first section lists identifying

information about the file that is being referenced. The second section includes descriptive statistics about the data and the errors relating to this file. The third section displays a frequency tabulation of field-level edits.

The contents of the ***S** Report* include:

- The date and time when a file was analyzed.
- Descriptive statistics of the number of records processed and the number of records containing errors as well as the percent of records in error.
- Frequency analysis of the number of field-level processing errors per record by the number of records with errors.
- Review of field-level processing errors in terms of edit number and associated description by error type.

An example of an ***S** Report* from a file containing AFF records is given on the next page. The example file was submitted by a pseudo data submitter with a submitter ID of 500. It was assigned a *Submission/file ID*, 11, for identification purposes.

There were a total of 50 Affiliation (AFF) records in the submitted file. The Error Frequency Table lists the number of records by the number of field-level processing errors. The table indicates that two records had field-level processing errors. One error record had three field-level processing errors; the other had one error.

A summary of the error descriptions as well as the frequency of occurrence is presented, by edit, in the Field Edits Frequency Table. The table indicates that one record had a field processing error due to an invalid National Provider Identifier (NPI) number. Two records had an invalid ZIP code. One record had an incorrect data delegation date.

General POV contact information is included at the end of the report.

Wisconsin Department of Health and Family Services
Bureau of Health Information and Policy
Physician Office Visit Data Collection

PROCESSING SUMMARY REPORT

Data submitter: 500 (Bureau of Health Information and Policy)
Reporting year (period): 2005 (1)
File creation date: March 15, 2005
Contact person: John Doe (phone: 6082670585)

File processed date: March 16, 2005
File/Submission ID: 11
Record type: AFF

The report was generated based on the statistics of records received and edits flagged.
==========

Total Number of Affiliation Records Received: 50
Total Number of Records with Field Edits: 2
Percent of Affiliation Records with No Edits: 96 %
Percent of Affiliation Records with Edits: 4 %

Error Frequency Table

# of Edits Per Record	# of Records	% of Records
0	48	96
1	1	2
2	0	0
3	1	2
4	0	0
5	0	0

Field Edits Frequency Table

Edit Number	# of Records Per Edit	Edit Description
2052-011	1	Must be a valid NPI.
2066-011	2	Must be a valid ZIP code.
2081-031	1	Must not be before October 1, 2001 or after the current date.

****
The Processing Summary Report is completed.
All of the records with field edits have been stored in the Loadable Problematic Record File.

If you have any questions, please contact the Wisconsin Bureau of Health Information and Policy:
Phone: (608) 266-7568
Email: povdata@dhfs.state.wi.us
Web: dhfs.wisconsin.gov/healthcareinfo/pov/index.htm

J.4 Format and Content of Quarterly Version

The quarterly ***S** Report* is a PDF document requested by the submitter through the POV Web Interface (See Appendix F) at the end of the reporting period. The quarterly ***S** Report* should be reviewed by submitters before affirming quarterly data to ensure accuracy and completeness.

The report is organized into four main sections.

1) Displays identifying information about the reporting period the report references.
2) Includes descriptive statistics relating to all submissions for the reporting period.
3) Displays a frequency tabulation of field-level edits for AFF records.
4) Displays a frequency tabulation of field-level edits for POV Service records.

An example of the first page of an ***S** Report* is given on the next page. The sample file was submitted by a pseudo data submitter with a submitter ID of 500. It was assigned a *Submission/file ID*, S05q1.

Wisconsin Department of Health and Family Services
Physician Office Visit Data Summary

QUARTERLY PROCESSING SUMMARY REPORT

Submitter ID:	500
Submitter Name:	BHIP
Reporting Year:	2005
Reporting Period:	1
Date Created:	08/11/2005
Submission/File ID:	S05q1
Total Records:	242000

Submission Summary Statistics

Description	Statistics
Number of AFF files loaded in this quarter	0
Total number of AFF records in the database	180
Total number of AFF records with errors in the database	0
Error rate of AFF error records in the database	0%
Count of error fields in all AFF error records	0
Number of POV files loaded in this quarter	3
Total number of POV records in the database	242000
Total number of POV records with errors in the database	2420
Error rate of POV error records in the database	1%
Count of error fields in all POV error records	2420
Number of Physicians in the database	180
Number of reported Physicians in this reporting period	155
Physician reporting rate	86.11%
Count of invalid physician license number in the database	0

APPENDIX K
Detailed Processing Report
(D Report)

The *Detailed Processing* Report (***D** Report*) is a report detailing the processing results of a submitted file, including the individually identifiable records and the edits that appear on those records. Each submitted file will have a corresponding ***D** Report*, unless a fatal file-level processing error is detected in the early processing stage.

The *quarterly* version of the ***D** Report* is provided as part of the End-of-Quarter Reports (See Appendix N). Samples of each version of the ***D** Report* are shown in this appendix.

K.1 Objectives

The ***D** Report* provides comprehensive information about edits as well as detailed analysis of any field-level processing errors detected in a submitted file. This report informs data submitters about any existing inconsistency between submitted data and default specifications. Data submitters should review the ***D** Report*, and use the information in the report to correct errors for file re-submission purposes.

K.2 File Naming and Retrieving Method

The file name for the per-submission ***D** Report* consists of: *report type identifier* and *Submission/file ID*. The file name includes an extension name "TXT," indicating that the file is stored in an ASCII text format. The file name for the quarterly version of the ***D** Report* consists of: *report type identifier*, *year* and *quarter*. The file name includes an extension name "PDF," indicating that the file is stored in Portable Document Format (PDF). Below is the pattern for each file name.

Report version	Naming pattern	Example
Per-submission ***D** Report*	D[Submission/file ID].TXT	D1234.TXT
Quarterly ***D** Report*	D[YYqQ].PDF	D05q1.PDF

The *report type identifier* for the ***D** Report* is set to "D", which is derived from the first letter of "Detailed." The *Submission/file ID* is a unique number assigned to each file by the POV system when a submitted file is processed. To identify the unique Submission/file ID, refer to the second email if submitted through SFTP, or to the Submission Status screen for either SFTP or POV Web Interface submissions.

K.3 Format and Content of the Per-Submission Version

The per-submission ***D** Report* is formatted as an ASCII text without any special characters. The ***D** Report* gives data submitters comprehensive details of field-level processing errors by record. The first section lists identifying information about the file that is being referenced.

The second section of the report consists of detailed field processing information. Records are sorted by *Record Identification Number*.

The record identification provides information to identify a submitted record. For Affiliation (AFF) records, the record identification includes:

- Record sequence number
- Transaction type identifier
- Wisconsin physician license number
- Physician employer's EIN

For Service (POV) records, the record identification consists of:

- Record identification number
- Transaction type identifier
- Patient account/control number
- Encrypted case identifier
- Date of service
- Procedure code
- Charge amount

The error message includes a list of all field-level processing errors associated with a record. The list is composed of the edit numbers and their descriptions.

An example of a ***D** Report* from a file containing AFF records is given on the next page. The example file was submitted by a pseudo data submitter with a submitter/vendor ID of 500. It was assigned a *Submission/file ID*, 11, for identification purposes.

In total, three records were detected with field-level processing errors. Each record with field errors (including the ST record) is printed in the second part of the report.

General POV contact information is included at the end of the report.

Wisconsin Department of Health and Family Services
Bureau of Health Information and Policy
Physician Office Visit Data Collection

DETAILED PROCESSING REPORT

Data submitter: 500 (Bureau of Health Information and Policy)
Reporting year (period): 2005 (1)
File creation date: March 15, 2005
Contact person: John Dole (phone: 608 267 0585)

File processed date: March 16, 2005
File/Submission ID: 11
Record type: AFF

Field errors were detected in the following records.
==========
Record Sequence Number: 0
Submitter Transaction Record

Must be a valid ZIP code.

Record Sequence Number: 1 Transaction Type Identifier: A
Wisconsin Physician License Number: 0093194 Physician Employer's EIN: 539087624

2066-011 Must be a valid ZIP code.
2081-031 Must not be before October 1, 2001 or after the current date.

Record Sequence Number: 3 Transaction Type Identifier: A
Wisconsin Physician License Number: 0097940 Physician Employer's EIN: 539087624

2052-011 Must be a valid NPI.
2066-011 Must be a valid ZIP code.

****
The Detailed Processing Report is completed.
All of the records with field edits have been stored in the Loadable Problematic Record File.

If you have any questions, please contact the Wisconsin Bureau of Health Information and Policy:
Phone: (608) 266-7568
Email: povdata@dhfs.state.wi.us
Web: dhfs.wisconsin.gov/healthcareinfo/pov/index.htm

K.4 Format and Content of Quarterly Version

The quarterly ***D** Report* is a PDF document requested by the submitter through the POV Web Interface (See Appendix F) at the end of the reporting period. The quarterly ***D** Report* should be reviewed by submitters before affirming quarterly data to ensure accuracy and completeness.

The report is organized into three main sections:

1) Displays identifying information about the reporting period the report references.
2) Affiliation (AFF) record field-level edits.
3) POV Service (POV) record field-level edits.

An example of the first page of a ***D** Report* is given on the next page. The sample file was submitted by a pseudo data submitter with a submitter ID of 500. It was assigned a *Submission/file ID*, D05q1.

Wisconsin Department of Health and Family Services
Physician Office Visit Data Summary

QUARTERLY DETAILED PROCESSING REPORT

Submitter ID:	500
Submitter Name:	BHIP
Reporting Year:	2005
Reporting Period:	1
Date Created:	08/11/2005
Submission/File ID:	D05q1
Total Records:	242000

Affiliation (AFF) Record Field Error List

Physician License ID=0080452 Name=FRANKENSTIEN VICTOR

Practice Group EIN	Edit No	Description
574789549	2051-011	Must be a valid Wisconsin physician license number.

Physician License ID=0080452 Name=FRANKENSTIEN VICTOR

Practice Group EIN	Edit No	Description
574789549	2051-042	Last name (No. 2041) does not match the physician license table

POV Service (POV) Record Field Error List

Rec ID	Edit No	Description
00000000932	5070-011	Must be a valid CPT-4 or HCPCS code

Rec ID	Edit No	Description
00000449137	5031-021	Must be consistent with a patient's gender (No. 3060)

Rec ID	Edit No	Description
00000135431	3110-051	Must be before the date of service (No. 5050)

APPENDIX L
Loadable Problematic Record File
(L File)

The Loadable Problematic Record file (***L** File*) consists of a copy of the raw text contents or data strings in an AFF or POV record that can be processed by the POV system and loaded into the POV database, but contain field-level processing errors.

The *quarterly* version of the ***L** File* is provided as part of the End-of-Quarter Reports (See Appendix N). The format for per-submission and quarterly L file is the same. A sample of the ***L** File* is shown in this appendix.

L.1 Objectives

Each submitted file containing field-level processing errors will have a corresponding ***L** File*. The ***L** File* is formatted as an ASCII text file, storing all of the loadable problematic records from a particular file. Data submitters can retrieve this file and examine the problematic records.

By using the ***L** File* in conjunction with the ***D** Report*, the user can easily identify and locate any edit, with its corresponding record, and use the information presented in both the ***L** File* and the ***D** Report* (see Appendix K).

L.2 File Naming and Retrieving Method

The ***L** File* is stored in the submitter's download directory located on the SFTP server. Data submitters must log in to the SFTP to retrieve this file.

The file name for the ***L** File* consists of two parts: *report type identifier* and *Submission/file ID*. The *report type identifier* will always be placed before the *Submission/file ID*. In addition, the file name also includes an extension name, "TXT," indicating that the file is stored in an ASCII text format. Below is the pattern for the file name.

Report version	Naming pattern	Example
Per-submission ***L** Report*	L[Submission/file ID].TXT	L1234.TXT
Quarterly ***L** Report*	L[YYqQ].PDF	L05q1.PDF

The *report type identifier* for any ***L** File* is "L," which is derived from the first letter of "Loadable." The *Submission/file ID* is a unique number assigned to each file by the POV system when a submitted file is processed. To identify the unique *Submission/file ID*, refer to the second email if submitted through SFTP, or to the Submission Status screen for either SFTP or POV Web Interface submissions.

L.3 Format and Content

The specifications of the ***L** File* include:

- The file is stored in an ASCII text format.
- Each record is identical to the original record submitted.
- There is one record per row.
- A carriage return is placed at the end of each line.

The following example is an ***L** File* containing five POV loadable problematic records

```
POV|24|A|BHIP24| .... |0048791|RES00000|5317891254|ABC Health Care|530774169~
POV|55|A|BHIP55| .... |0037580|RES00000|5527600135|ABC Health Care|530774169~
POV|67|A|BHIP67| .... |0048791|RES00000|5317891254|ABC Health Care|530774169~
POV|79|A|BHIP79| .... |0036154|RES00000|5212309800|ABC Health Care|530774169~
POV|92|A|BHIP92| .... |0045718|RES00000|5402341574|ABC Health Care|530774169~
```

APPENDIX M
Unloadable Problematic Record File
(U File)

The *Unloadable Problematic Record File (**U** File)* contains records that cannot be loaded into the POV database because of record-level processing errors, primarily related to data delegation status.

M.1 Objectives

The ***U** File* is one of the standard processing reports. It is used to hold POV service records with administrative processing errors, which are caused by invalid or incorrect data delegation status in their corresponding Affiliation data. HFS 120.14 requires physicians or their delegates to submit POV records to the Department of Health and Family Services. When physicians decide to delegate their data submission tasks to a qualified data submitter/vendor, a Trading Partner Agreement must be entered into by the physicians and their delegates.

Furthermore, physicians or their delegates must report the current data delegation status to BHIP via *Physician Affiliation Records*. BHIP will not be able to process any POV records sent by a submitter/vendor without evidence that physicians have delegated their submission tasks to the submitter/vendor. If the data delegation date is invalid on the corresponding AFF record, submitted POV records will be rejected by the system and placed in a ***U** File* for investigation.

The purpose of creating this file is to help data submitters and physicians to identify and resolve invalid delegation status so that patient and physician confidentiality and privacy are protected.

M.2 File Naming and Retrieving Method

The ***U** File* is stored in the submitter's download directory located on the SFTP server. Data submitters must login to the SFTP to retrieve this file.

The file name for the *U File* consists of two parts: *report type identifier* and *Submission/file ID*. The *report type identifier* will always be placed before the *Submission/file ID*. In addition, the file name also includes an extension name, "TXT," indicating that the file is stored in an ASCII text format. Below is the pattern for the file name.

U[Submission/file ID].TXT

The *report type identifier* for any ***U** File* is "U," which is derived from the first letter of "Unloadable." The *Submission/file ID* is a unique number assigned to each file by the POV system when a submitted file is processed. To identify the unique *Submission/file ID*, refer to the second email if submitted through SFTP, or to the Submission Status screen for either SFTP or POV Web Interface submissions.

M.3 Format and Content

The ***U** File* is formatted as an ASCII text file, storing all of the unloadable problematic records from a particular file. Data submitters can retrieve this file and examine the problematic records.

The specifications of the ***U** File* include:

- The file is stored in an ASCII text format.
- Each record is identical to the original record submitted.
- There is one record per row.
- A carriage return is placed at the end of each line.

The following example is a ***U** File* containing five POV unloadable problematic records.

```
POV|24|A|BHIP24| .... |0048791|RES00000|5317891254|ABC Health Care|530774169~
POV|55|A|BHIP55| .... |0037580|RES00000|5527600135|ABC Health Care|530774169~
POV|67|A|BHIP67| .... |0048791|RES00000|5317891254|ABC Health Care|530774169~
POV|79|A|BHIP79| .... |0036154|RES00000|5212309800|ABC Health Care|530774169~
POV|92|A|BHIP92| .... |0045718|RES00000|5402341574|ABC Health Care|530774169~
```

APPENDIX N
End-of-Quarter Reports

A number of reports are produced at the end of the data submission and editing portion of the reporting period cycle, and should be reviewed as a set. Submitters can use the output of these reports to examine data validity, or to perform additional content analyses. Data submitters are responsible for review of these reports. The set includes the *Quarterly Processing Summary Report,* the *Quarterly Detailed Processing Report*, and a *Loadable Problematic Record File,* which are described in Appendices J, K, and L, respectively.

This appendix describes the details of the *Quarterly Data Summary Report (**M** Report)*. The ***M** Report* provides statistical information about the contents of essential data elements that were submitted in a reporting period.

N.1 Objectives

An ***M** Report* will be created for each submitter at the end of a reporting period to provide general statistics for service records sent by a data submitter during a reporting period. The summary information allows submitters to examine the data patterns and content validity through an aggregated analysis. Data submitters may combine results of this report with other quarterly reports to further examine validity of physician office visit data in relation to service types, quantity, consistency, and so on.

This report also demonstrates how BHIP has categorized the POV data so that they can be examined in a nationwide context. The ***M** Report* is not designed for public use or data releasing purposes, though no patient identifiable information is included in the report.

N.2 File Naming and Retrieving Method

The file name for an ***M** Report* consists of two parts: *report type identifier,* and *year* and *quarter*. The file name extension is "PDF," indicating that the file is stored in Portable Document Format (PDF). Below is the pattern for the report file name.

M[YYqQ].PDF For Example, M05q1.PDF, for 2005, quarter 1.

N.3 Format and Content

The ***M** Report* is formatted as a PDF document. The header area lists identifying information about the submitter, reporting year, reporting period, and total records submitted. The remainder of the ***M** Report* displays statistics about the data and the records submitted in a reporting period.

The contents of the ***M** Report* include:

- Category analysis of the number of patients by age and gender.
- Frequency counts on average number of submitted POV service records by patient age and gender.
- Summary statistics for the number of service records submitted by each physician during a reporting period.
- Frequency analysis of counts and average charges of reported service records by each Primary Payer Category type.
- Frequency analysis of counts and average charges of reported service records by each Secondary Payer Category type.
- Summary statistics for number and average charges of reported service records by type of primary diagnosis code.
- Summary statistics for number and average charges of reported service records by type of service procedure code.

An example of a portion of the ***M** Report* is included next.

Wisconsin Department of Health and Family Services
Physician Office Visit Data Summary

QUARTERLY DATA SUMMARY REPORT

Submitter ID:	500
Submitter Name:	BHIP
Reporting Year:	2005
Reporting Period:	1
Date Created:	08/11/2005
Submission/File ID:	M05q1
Total Records:	242000

Service Statistics by Location Type

Code	Description	Reported Services Count(#)	Average Charge ($) Per Service
11	Office	223818	85
22	Outpatient Hospital	18182	424
Missing/Invalid/Other		0	

Number of Reported Service Records by Patient Gender and Age Groups

Age	Female Count	Male Count	Unknown Count
Below 5	6381	6383	12993
5 – 17	6563	6988	0
18 – 34	24577	9599	0
35 – 54	37319	22724	0
55 – 74	38581	30668	0
75 and Above	24572	14652	0
Missing/Invalid/Other			0

APPENDIX O
Affirmation Delegated Physician List

The *Affirmation Delegated Physician List* contains the names of only those physicians who have delegated affirmation responsibility, and for whom at least one service record was reported in the period. This report becomes available during the Affirmation process, using the POV Web Interface. Submitters should review this list before affirming data for the reporting period to verify the submission status of their physicians in terms of practice group affiliation, data delegation, and affirmation delegation.

O.1 Objectives

To provide information for submitters to review the list of affirmation delegated physicians whose service records were sent during a reporting period. It is available to each data submitter as a verification tool prior to completing the affirmation process.

O.2 Retrieving Method

POV Web Interface users with the *Affirmation Signer* role will see a link to this report during the affirmation process. Click the link to view the report and eventually download the report if desired. See Appendix F for instructions.

O.3 Format and Content

The *Affirmation Delegated Physician List* is formatted as a PDF document. An example is included next.

Affirmation Delegated Physician List

Submitter ID: 500 **Submitter Name:** BHIP **Reporting Year:** 2004 **Reporting Period:** 4

Wisconsin License ID	Practice EIN	Physician Name	Affiliation Dates	Data Delegation Dates	Affirmation Delegation Dates
0070810	591234567	DOOLITTLE, JOHN	07/11/2002 -	07/11/2002 -	01/01/2003 -
0070856	574789540	LIVINGSTON, STANLEY	05/29/2002 -	05/29/2002 -	01/01/2003 -
0080452	574789549	FRANKENSTIEN, VICTOR	03/01/2004 -	03/01/2004 -	03/01/2004 -
0090125	59123123	JEKYLL, HENRY	07/01/2003 -	07/01/2003 -	07/01/2003 -
0091253	591234567	MCCOY, LEONARD	10/14/2002 -	10/14/2002 -	01/23/2003 -

APPENDIX P
Physician Data Profile

The *Physician Data Profile* is a summary report containing basic information about the contents of essential data elements that were submitted in a reporting period by a physician. It is created by BHIP at the end of each reporting period, and only one profile report will be provided per reporting period. Both physicians and their data submitters can use the output of this report to examine data validity in terms of trends in practice setting, physician organization, managed care involvement, types of service rendered, charges, and physicians' overall experience of the practice climate.

> ***Note:*** *The Physician Data Profile report does NOT contain any medical malpractice and hospital disciplinary action information under so-called "Profiling" laws. The Physician Data Profile report is not designed or used for this purpose.*

P.1 Objectives

The *Physician Data Profile* report provides an overall summary of physician outpatient service activities based on data submitted during a reporting period. The main purpose of this report is to give physicians and data submitters opportunities to review their data contents, and to validate the submitted data before the final data affirmation process. Physicians may submit additional corrections or additions to the data before data are released.

Each physician for whom data was submitted for a reporting period will have one *Physician Data Profile* report per submitting organization. If a physician has more than one submitter sending POV records to BHIP, the physician will receive a *Physician Data Profile* report for each submitting organization.

P.2 File Naming and Retrieving Method

The file name for a *Physician Data Profile* consists of two parts: *report type identifier,* and *year* and *quarter*. The file name extension is "PDF," indicating that the file is stored in Portable Document Format (PDF). Below is the pattern for the report file name.

PD[YYqQ].PDF	For Example, PD05q1.PDF, for 2005, quarter 1. (Delegated Physicians)

The *report type identifier* for the *Physician Data Profile* is set to "PD" for physicians who have delegated their affirmation responsibilities. The *report type identifier* for the *Physician Data Profile* is set to "PN" for physicians who have NOT delegated their affirmation responsibilities; the report is distributed directly to those physicians by BHIP.

The *Physician Data Profile* can be retrieved from the submitter's download directory located on the SFTP server.

P.3 Format and Content

The *Physician Data Profile* is formatted as a PDF document without any special characters. The header area of the report consists of basic information about a physician, such as physician's name and license number, submitter name and ID, reporting year, reporting period, and delegation status.

The remainder of the report consists of summary statistics on physician service data and records submitted for the reporting period. The *Physician Data Profile* is not designed for public use or data releasing purposes, though no patient identifiable information is included in the report.

The contents of the *Physician Data Profile* report include:

- Service count by facility where services were rendered.
- Service count by place type where services were rendered.
- Service count by patient's age and gender.
- Ten most frequently reported primary diagnosis codes.
- Ten most frequently reported procedure codes.

An example of the *Physician Data Profile* report is included next.

Wisconsin Bureau of Health Information and Policy
Physician Office Visit Data Profile

This is a summary of the physician office visit service records submitted during the latest reporting period in which you were identified as the performing physician. The Bureau of Health Information and Policy is required to supply this physician data profile to help you verify the accuracy and completeness of the data required. The records used in this profile have passed extensive editing and correcting procedures. Please review this information and discuss any questions of concerns with your data submitters.

Physician Name: FRANKENSTEIN, VICTOR	Reporting Year: 2005
License Number: 0080452	Reporting Period: 1
Submitter Name: BHIP	Submitter ID: 500
Date Created: 08/11/2005 14:45:35	Data Delegation: Yes
Affirmation ID: 0515000000000	Affirmation Delegation: Yes

Service count by facility where services were rendered

Facility Name	Reported # of Services
EERIE LAKE CLINIC	3
NORTH SINISTER BAY CLINIC	36
ICY FINGERS CLINIC	105
	144

Service count by place type where services rendered

Code		Reported # of Services
11	Office	144
		144

Number of Patients By Gender and Age Groups

Age	Female Count	Male Count
5 – 17	12	3
18 – 34	23	6
35 – 54	42	24
55 – 74	14	9
75 and Above	3	4

Ten most frequently reported primary diagnosis codes

Code	Description	Reported # of Services
401.1	Essential hypertension, benign	818
272.4	Other and unspecified hyperlipidemia	151
250.00	Type II (non-insulin dependent type) or unspecified type diabetes mellitus without mention of complication	136
780.79	Other malaise and fatigue	74
V58.69	Encounter for long-term (current) use of other medications	50
V70.0	Routine general medical examination at health care facility	42
473.9	Unspecified sinusitis (chronic)	35
414.00	Coronary atherosclerosis of unspecified type of vessel, native or graft	34
V76.49	Special screening for malignant neoplasms, other sites	34
V81.5	Screening for nephropathy	34
		1402

Ten most frequently reported procedure codes

Code	Description	# of Services	Charge ($)
9213	ofc/outpt e&m estab low-mod 15 min	426	81.00
6415	routine venipunct/finger/heel stickroutine	286	27.60
0061	lipid panel	201	56.00
0053	comprehensive metabolic panel	67	56.00
3036	hemoglobin; glycated	87	28.00
1002	ua dip stik/tablt;wo micro non-autoua dip stick/tablet	85	8.00
5027	bld count; hemogm&platelet cnt autoblood count	79	36.00
9212	ofc/outpt e&m estab minor 10 min	72	54.94
1015	urinalysis; microscopic only	62	10.00
0048	basic metabolic panel	61	44.00
		1526	40.20

APPENDIX Q
Quarterly Data Affirmation
For POV Data Submitters

Procedures for affirming data at the end of each reporting period are included in the POV Web Interface. The *Affirmation Process* provides for an electronic signature of the affirmation statement meeting the requirements of Wisconsin Statute and Administrative Code.

Q.1 Objectives

Data affirmation at the end of each reporting period by an authorized representative of the data submitting organization means that data are complete and accurate for that reporting period, and meet the requirements of Chapter 153, Wisconsin Statutes, and HFS 120, Wisconsin Administrative Code. The act of affirming data assumes that the authorized representative has reviewed the *Quarterly Summary Reports* and the *Physician Data Profile Report*.

Q.2 Affirmation Procedures

With implementation of the POV Web Interface, data submitters with the Affirmation Signer security role **must** affirm data for affirmation-delegated physicians electronically. Electronic affirmation may only be done ***once*** for an entire reporting period of service data. It is important to complete all submission and editing, and review the physician profile reports, for the entire reporting period before affirming service data electronically. It is possible to work on up to two reporting periods of service data concurrently.

Follow these steps to affirm data electronically:
- Log in to the POV Web Interface. Select Affirm from the menu at the left of the Web page.
- Select the appropriate year and reporting period, if more than one is shown.
- Click on the link to review the Affirmation Delegated Physician List.
- Read the information presented carefully before clicking the Affirm button.

Confirmation of affirmation will appear after the user clicks the **Affirm** button.

BHIP staff will print profile reports and affirmation forms to send to those physicians who have not delegated affirmation responsibility to the submitting organization. Upon receipt of the signed affirmation forms, BHIP staff will use the new POV Web Interface to affirm for these physicians electronically.

APPENDIX R
Affirmation Form and Instructions
For Individual Physicians

The *Affirmation Form* and *Affirmation Form Instructions* are created at the end of each reporting period. One mailed packet will be provided per reporting period to each physician who did not delegate affirmation responsibility. The *Affirmation Form* provides physicians with a standard document, required by Wisconsin Statute and Wisconsin Administrative Code, for attesting to the accuracy and completeness of the data submitted for a reporting period.

The *Affirmation Form Instructions* provide details on the requirements for completing and returning the *Affirmation Form*.

R.1 Objectives

The *Affirmation Form* allows physicians to attest to the accuracy and completeness of the data submitted during a reporting period. An *Affirmation Form* and *Affirmation Form Instructions* will be created for each physician at the end of a reporting period. The instructions also provide details about how a physician can send comments regarding the data quality and/or completeness.

R.2 File Naming and Retrieving Method

The *Affirmation Form* and *Affirmation Form Instructions* will be mailed to the address that has been provided to BHIP in the affiliation data.

R.3 Format and Content

The *Affirmation Form* is one of the documents included in the packet mailed to the physician. The form is organized into three major sections. The first section is the header area, which identifies the form, gives basic instructions, and refers to Wisconsin Statute and Administrative Code (see Appendix A and Appendix B, respectively). The second section includes information about the physician and the reporting period. The third section is the signatory area requiring completion before the form is returned to BHIP.

The *Affirmation Form Instructions* provide all the details needed to complete and return the *Affirmation Form.*

Examples of the *Affirmation Form* and the *Affirmation Form Instructions* are included next.

Physician Office Visit Data Profile Affirmation

INSTRUCTIONS: This form must be signed by the physician identified below or, if a physician list is attached, by the delegated affirmation designee.

Completion of this form meets the requirements of Chapter 153, Wisconsin Statutes, and Wisconsin Administrative Code, HFS 120.14(1)(c). Failure to sign and return this form may result in a forfeiture process, per HFS 120.10 (5).

PHYSICIAN AND/OR SUBMITTER INFORMATION

Physician Name:	Doe, John C.
License Number:	0099999
Data Submitted By:	Bureau of Health Information and Policy
Submitter ID:	500
Reporting Year:	2005
Reporting Period:	1

I hereby affirm that, to the best of my knowledge and belief, the Physician Office Visit data summarized in the attached profile, dated 06/15/05, are complete and accurate. These data were supplied and edited by the submitting organization shown above in accordance with HFS 120, Wisconsin Administrative Code.

_____
Print or Type Name and Title

_____
SIGNATURE - Physician or Delegated Affirmation Designee

_____
Date Signed

This signed original affirmation must be sent to the address below and postmarked by: 07/14/05

Department of Health and Family Services
Division of Public Health
Bureau of Health Information and Policy - POV
PO Box 2659, Room 372
Madison, WI 53701-2659

Wisconsin Bureau of Health Information and Policy (BHIP)
Physician Office Visit Data Profile Affirmation Form
Instructions

TO: Wisconsin Physician

RE: POV Data Profile Affirmation Form

Please give this your immediate attention. The attached form must be signed by the physician named. The signature affirms that, to the best of your knowledge, the physician office visit data summarized in the attached data profile, together with any corrections, additions, or deletions that were subsequently made, are complete and correct. You may also provide comments on the data profile by following the instructions below.

Return the signed affirmation form to the Department of Health and Family Services at the address printed on the form. You may fax it to the Bureau of Health Information and Policy at 608-264-9881 to assure its timely receipt, but *faxing is not a substitute for mailing*. You must still mail the original signed affirmation form to BHIP. Compliance with the statutory deadline is determined by the date of postmark or the fax date, whichever is earlier.

The attached data profile summarizes information provided by the data submitting organization. Questions regarding the completeness and accuracy of the data should be directed to the data submitting organization.

State law gives each physician the opportunity to provide comments on his or her data and requires BHIP to include those comments with the data upon its release. Comments are limited to a maximum of 1,000 words. Comments must be submitted in a standard electronic word processing file format and submitted no later than the 15th calendar day following your receipt of this data profile. In the file, include the physician name, Wisconsin license number, submitter ID, reporting year and reporting period to assure the comments are associated with the appropriate physician's data. Do not include patient identifiable information, as these comments will be released.

Send comments on a floppy disk along with the mailed affirmation form, or as a file attached to an email to: povdata@dhfs.state.wi.us.

> NOTE : Failure to return a signed statement within 30 calendar days from the day the data is due may make you subject to a forfeiture process.

Thank you for your assistance.